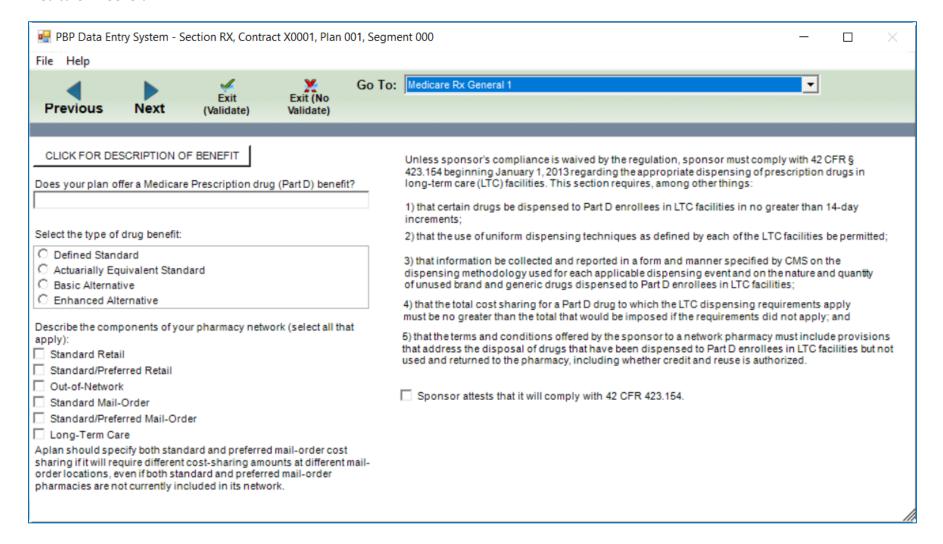
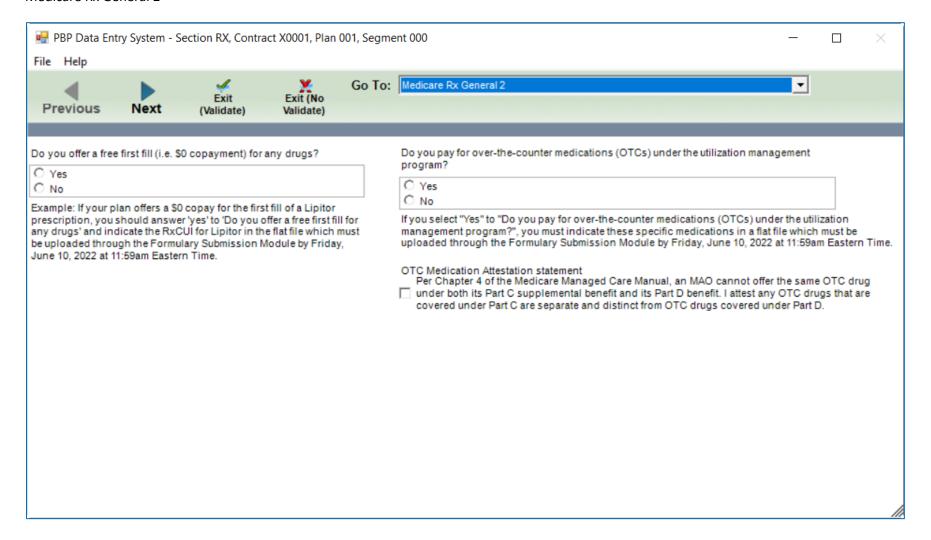
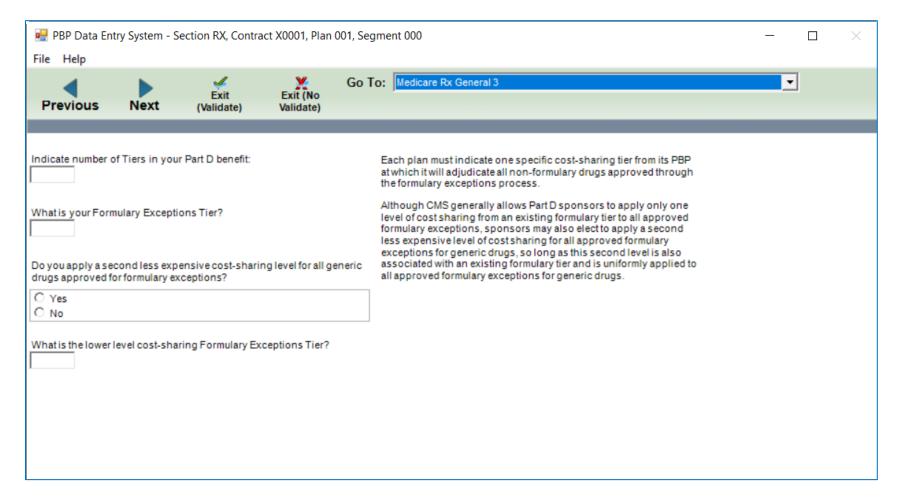
Medicare Rx General 1



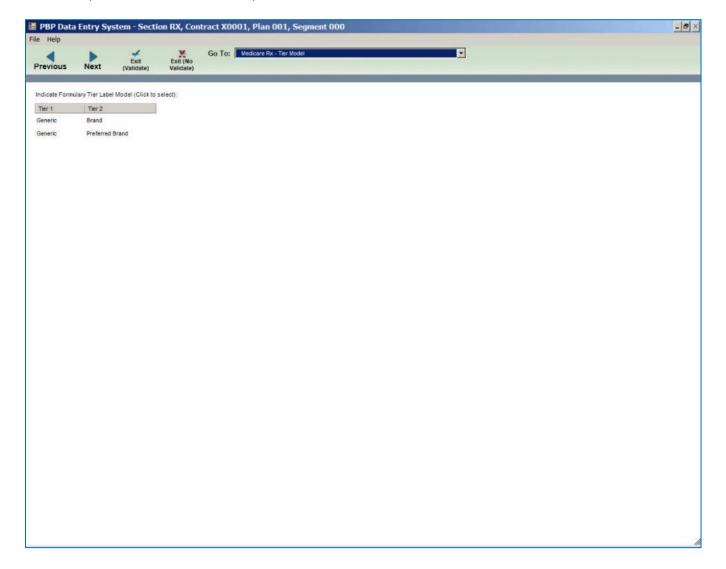
Medicare Rx General 2



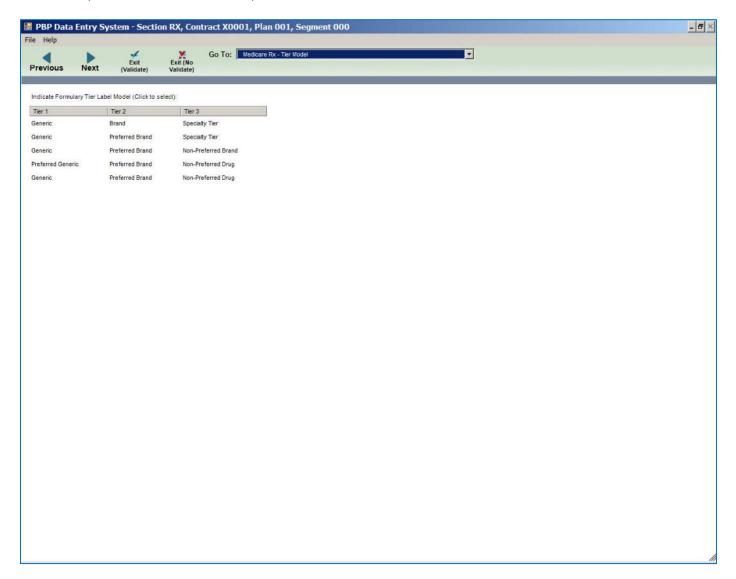
Medicare Rx General 3



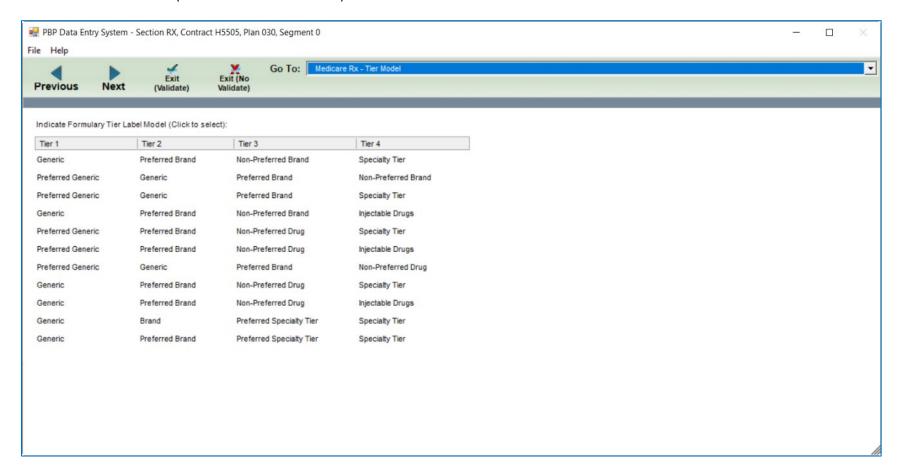
Medicare Rx – Tier Model (when a tier includes 2 tiers)



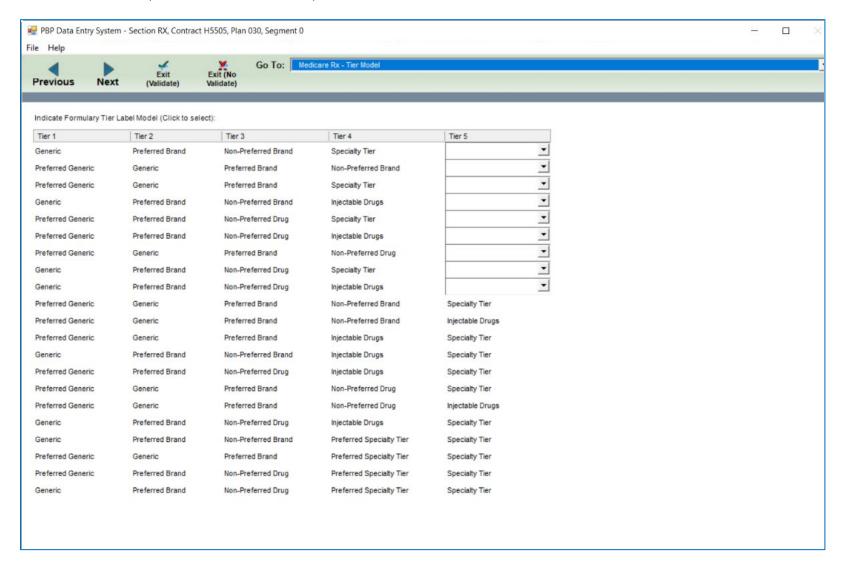
Medicare Rx- Tier Model (when a tier includes 3 tiers)



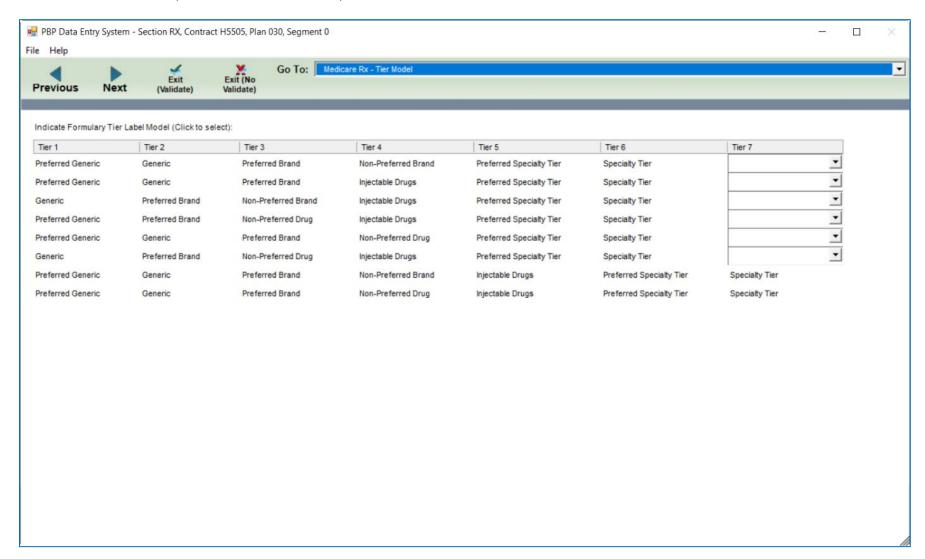
Medicare Rx – Tier Model (when a tier includes 4 tiers)



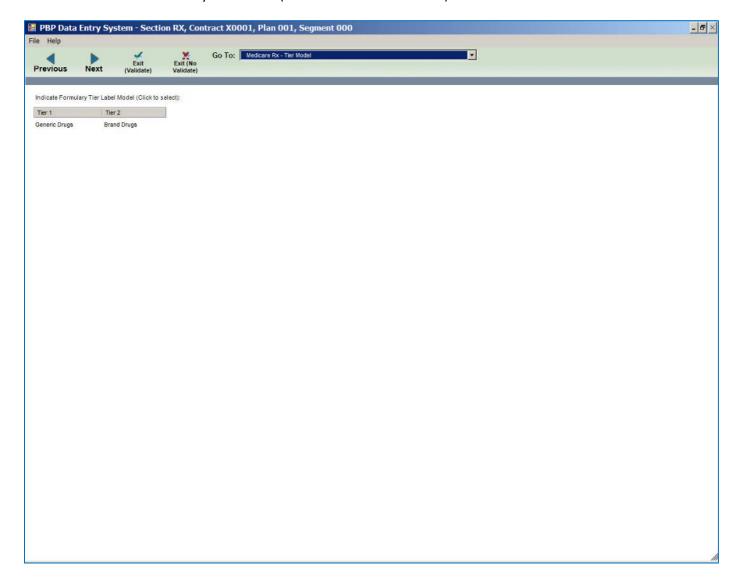
Medicare Rx – Tier Model (when a tier includes 5 tiers)



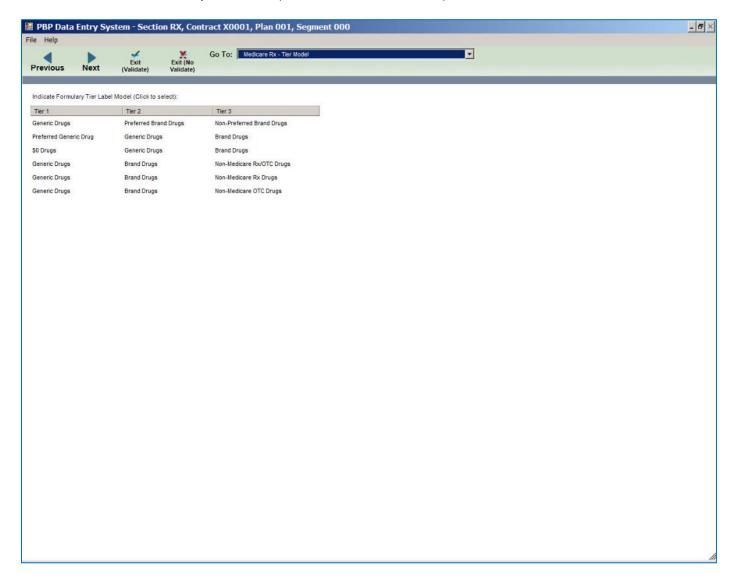
Medicare Rx – Tier Model (when a tier includes 7 tiers)



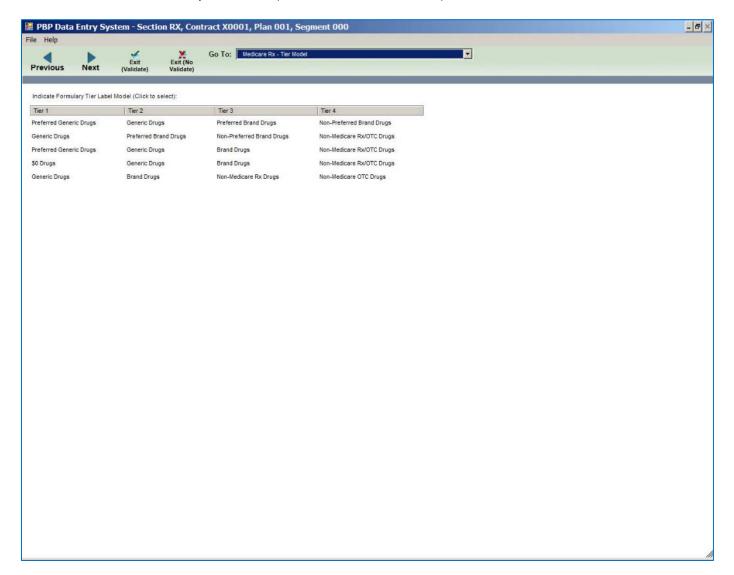
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 2 tiers)



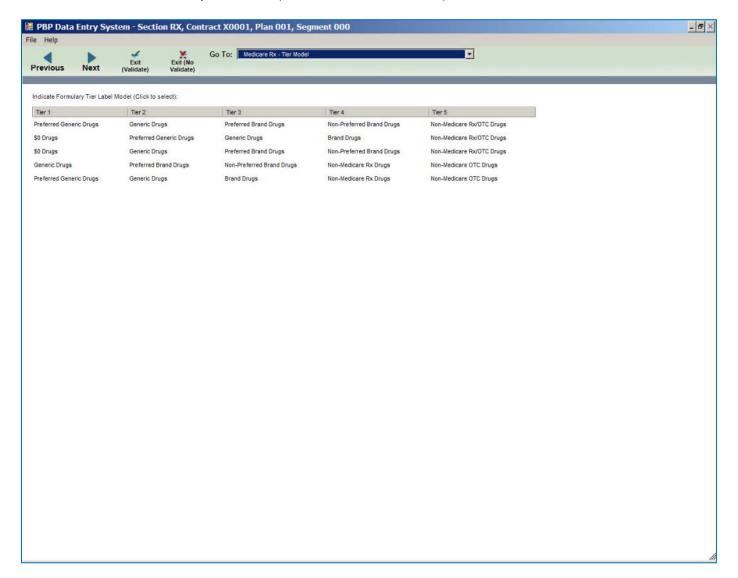
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 3 tiers)



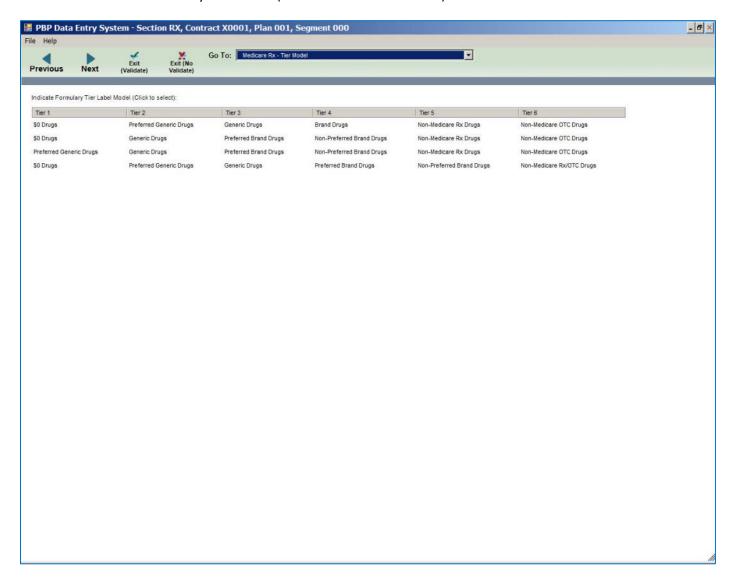
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 4 tiers)



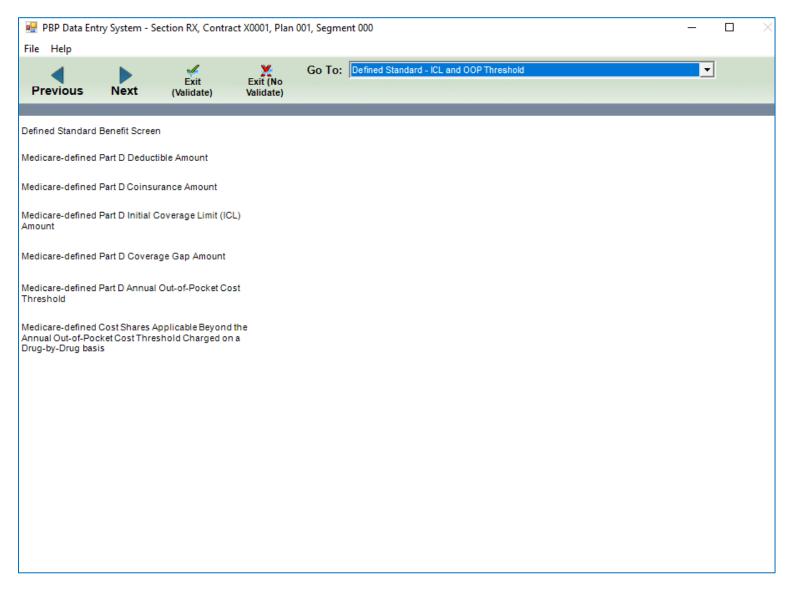
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 5 tiers)



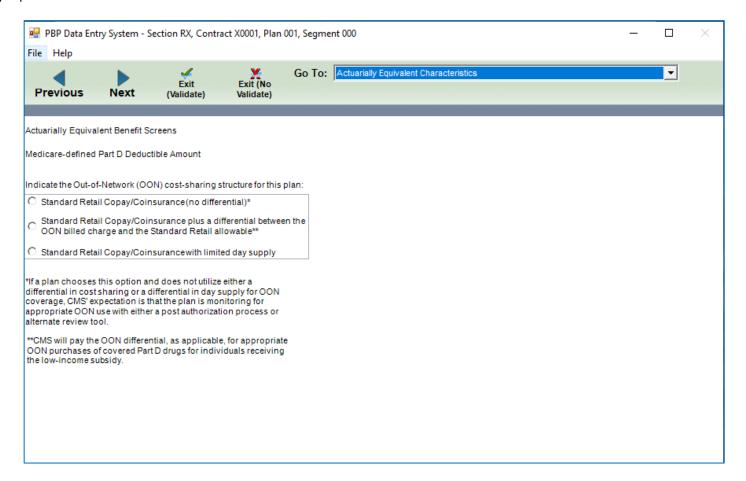
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 6 tiers)



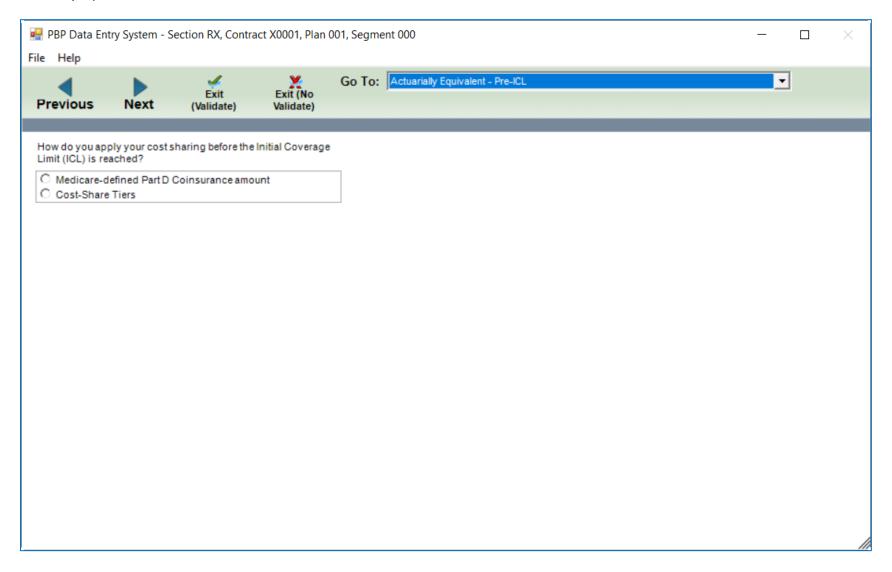
Defined Standard – ICL and OOP Threshold



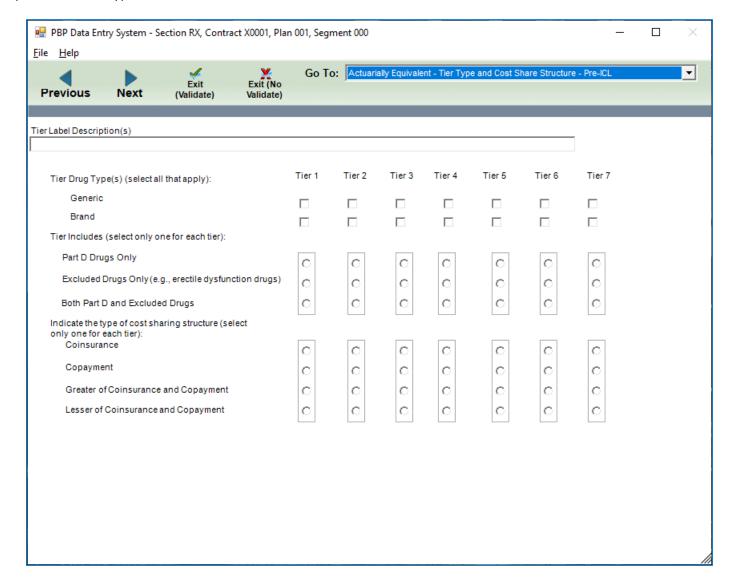
Actuarially Equivalent Characteristics



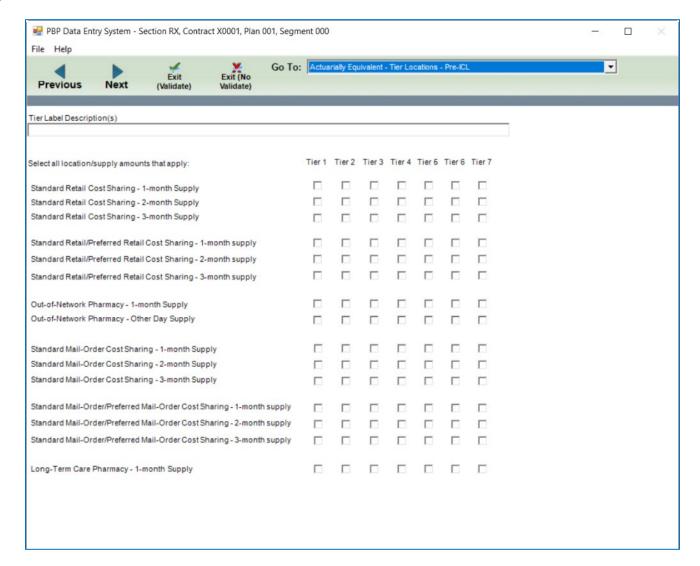
Actuarially Equivalent – Pre-ICL



Actuarially Equivalent – Tier Type and Cost Share Structure – Pre-ICL



Actuarially Equivalent – Tier Locations – Pre-ICL



Actuarially Equivalent – Retail Pharmacy Location Supply – Pre-ICL

PBP Data	Entry System - Section R	X, Contract X	0001, Plan	001, Segm	ent 000		- D X
File Help							
Previous	E		Exit (No Validate)	Go To:	Alternative - Retail Pharmacy Location Supply - Pre	⇒-ICL ▼	
Time to be 1 Day	-1-111-1						
Tier Label Des	cription(s)					CLICK FOR Auto-Populate Location Supplies	
Standard Reta	il Cost-Sharing Componer	nt					
Day Supply	,	1-Month	2-Month	3-Month	Extended Day Supply Applies to All Drugs?*	Limited First Fill for Extended Day Supply	
Tier 1	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	*For example, if you chose a two month or three month supply at the Standard/Preferred Retail Cost
	Standard Retail/Preferred Retail				C Yes C No	C Yes C No	Sharing or the Mail-Order Pharmacy, you must answer "yes" to the question "Are all drugs on your formulary for this tier available with an extended day
Tier 2	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	supply?" if all of the drugs on that tier are available at the extended day supply.
	Standard Retail/Preferred Retail				C Yes C No	C Yes C No	
Tier 3	Standard Retail				EDW TOWN SEAS YEST STATE OF THE DEPARTMENT OF	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Standard Retail/Preferred Retail				O Yes O No	C Yes C No	
Tier 4	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Standard Retail/Preferred Retail				C Yes C No	C Yes C No	
Tier 5	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Standard Retail/Preferred Retail				C Yes C No	C Yes C No	
Tier 6	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Standard Retail/Preferred Retail				C Yes C No	C Yes C No	
Tier 7	Standard Retail					Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Standard Retail/Preferred Retail				C Yes C No	C Yes C No	
100					V 20 00000		

Actuarially Equivalent – Mail Order Location Supply – Pre-ICL

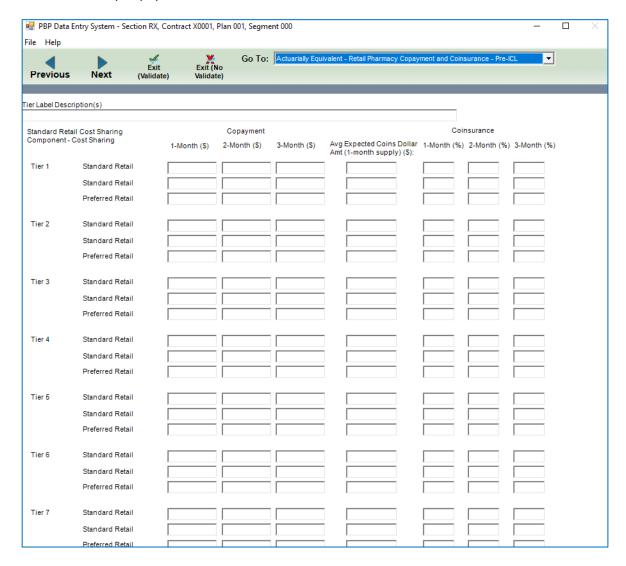
Previous	Next (Valida	i I ite) \	Exit (No /alidate)	Go To:	Actuarially Equivalent - Mail-Order Location Supply - Pre-ICL		
er Label Desc	cription(s)					CLICK FOR Auto-Populate Loc	ation Sur
ndard Mail- mponent Day Supply	Order Cost-Sharing Network		2-Month	3-Month			
Tier 1	Standard Mail-Order						
	Standard/Preferred Mail- Order						
Tier 2	Standard Mail-Order						
	Standard/Preferred Mail- Order						
Tier 3	Standard Mail-Order						
	Standard/Preferred Mail- Order						
Tier 4	Standard Mail-Order						
	Standard/Preferred Mail- Order						
Tier 5	Standard Mail-Order						
	Standard/Preferred Mail- Order						
Tier 6	Standard Mail-Order						
	Standard/Preferred Mail- Order						
Tier 7	Standard Mail-Order						
	Standard/Preferred Mail- Order						

Actuarially Equivalent – OON and LTC Location Supply – Pre-ICL

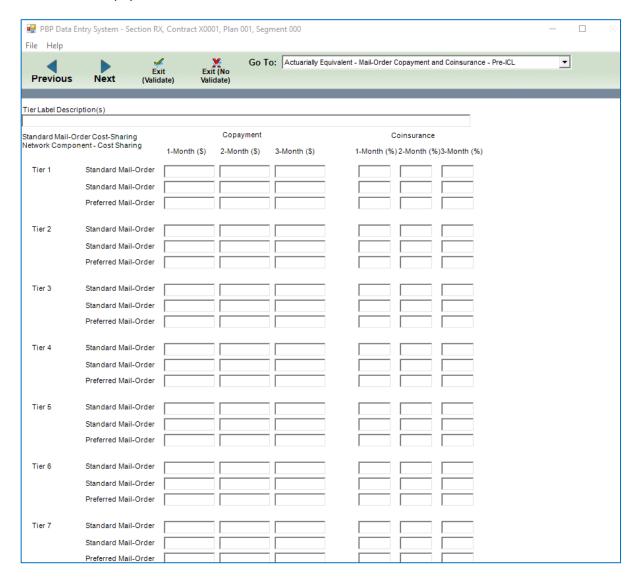
File Help						
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To: Actuarial	ly Equivalent - OON and LTC Location Supply - Pre	⊢ICL ▼
Tier Label Descript	ion(s)					CLICK FOR Auto-Populate Location Supplies
Day Supply	Tier 1	Network (Component	1-Mont	th Other Day	
	Tier 2	Out-of-N	rm Care Drugs etwork rm Care Drugs			
	Tier 3	Out-of-No Long-Ter	etwork rm Care Drugs			
	Tier 4	Out-of-No	etwork rm Care Drugs			
	Tier 5	Out-of-No	etwork rm Care Drugs			
	Tier 6	Out-of-No Long-Ter	etwork rm Care Drugs			
	Tier 7	Out-of-Ne	etwork			

Actuarially Equivalent – Retail Pharmacy Copayment and Coinsurance – Pre-ICL

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Actuarially Equivalent - Mail Order Copayment and Coinsurance - Pre-ICL



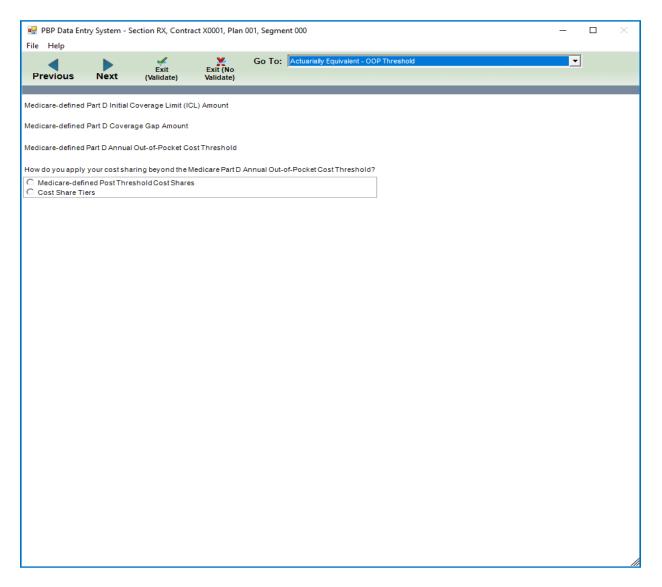
Actuarially Equivalent – OON and LTC Copayment and Coinsurance – Pre-ICL

ous N	Exit Vext (Validate)	Exit (No Validate)	Go To:	Actuarially	y Equivalent - OON and LTC Copaymer	t and Coinsurance - Pre-ICL	•
Description((s)						
		Copayment			Coinsurance		
- ,	Network Component	1-Month (\$)	Other	(S):	1-Month (%) Other (%):		
Heri	Out-of-Network Long-Term Care Drugs						
	Long-Form Out C Drugs						
Tier 2	Out-of-Network						
	Long-Term Care Drugs		'				
Tier 3	Out-of-Network						
	Long-Term Care Drugs						
Tier 4	Out-of-Network						
	Long-Term Care Drugs						
Tier 5	Out-of-Network						
	Long-Term Care Drugs						
Tier 6	Out-of-Network						
	Long-Term Care Drugs						
Tier 7	Out-of-Network						
	Long-Term Care Drugs						

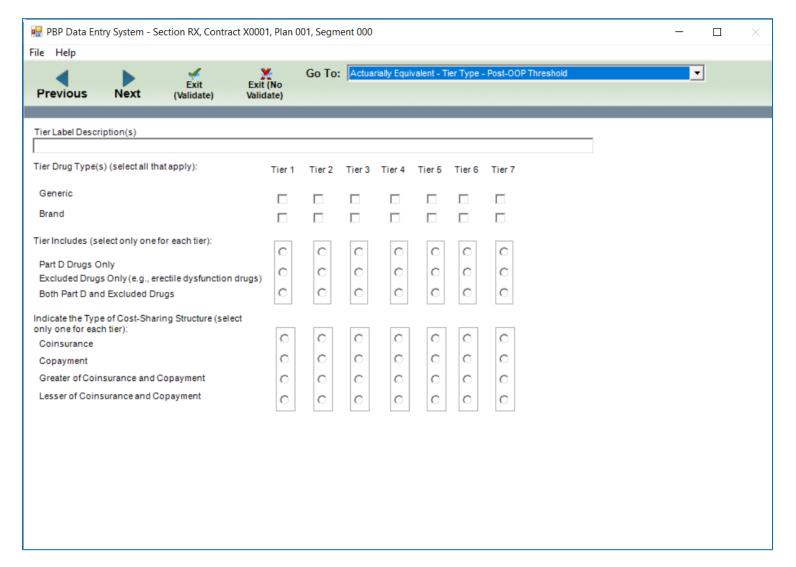
Actuarially Equivalent – Daily Copayment Amount Cost Sharing – Pre-ICL

₽BI	Data Entry System	- Section RX, Cont	ract X0001, Plan	001, Segment 000							_		\times
File H	lelp												
Prev	rious Next	Exit (Validate)	Exit (No Validate)	Go To: Actua	rially Equivalent - Daily Copaymer	nt Amount Cost-Shar	ing - Pre-ICL	₹					
Tier Labe	el Description(s)												
CLICK	FOR Daily Copay In	structions	Copayment			Copa	yment						
		1-Month (\$)	1-Month	Daily (\$)		1-Month (\$)	1-Month	Daily (\$)		Copayment	ı		
Tier 1	Standard Retail				Standard Mail-Order					1-Month (S)	1-Month	Daily	(S)
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs				
	Preferred Retail				Preferred Mail-Order								
Tier 2	Standard Retail				Standard Mail-Order								
11012	Standard Retail				Standard Mail-Order				Long-Term Care Drugs				
	Preferred Retail				Preferred Mail-Order				Long-Term Care Drugs				
Tier 3	Standard Retail				Standard Mail-Order								
i i ei 3	Standard Retail				Standard Mail-Order				Long-Term Care Drugs				
	Preferred Retail				Preferred Mail-Order								
Tier 4	Standard Retail				Standard Mail-Order								
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs				
	Preferred Retail				Preferred Mail-Order								
Tier 5	Standard Retail				Standard Mail-Order								
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs				
	Preferred Retail				Preferred Mail-Order								
Tier 6	Standard Retail				Standard Mail-Order								
	Standard Retail	,			Standard Mail-Order				Long-Term Care Drugs				
	Preferred Retail				Preferred Mail-Order							'	
Tier 7	Standard Retail				Standard Mail-Order								
ilei /													
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs				
	Preferred Retail				Preferred Mail-Order					Calcula	ate Daily Copay	y Amount	t
										Clear	Daily Copay A	Amount	

Actuarially Equivalent - OOP Threshold



Actuarially Equivalent – Tier Type – Post-OOP Threshold



Actuarially Equivalent – Tier Cost Sharing – Post-OOP Threshold

🖳 PBP Data	Entry System	- Section RX, Cor	ntract X0001, Plan 0	001, Segment 000	- 🗆
File Help					
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To: Actuarially Equivalent - Tier Cost-Sharing - Post-OOP Threshold	▼
Tier Label Desc	rintion(s)				
THE LABER DESC	приоті(з)				
		Copayment (\$)	Coinsurance (%)		
	Tier 1				
	Tier 2				
	Tier 3				
	Tier 4				
	Tier 5				
	Tier 6				
	Tier 7				

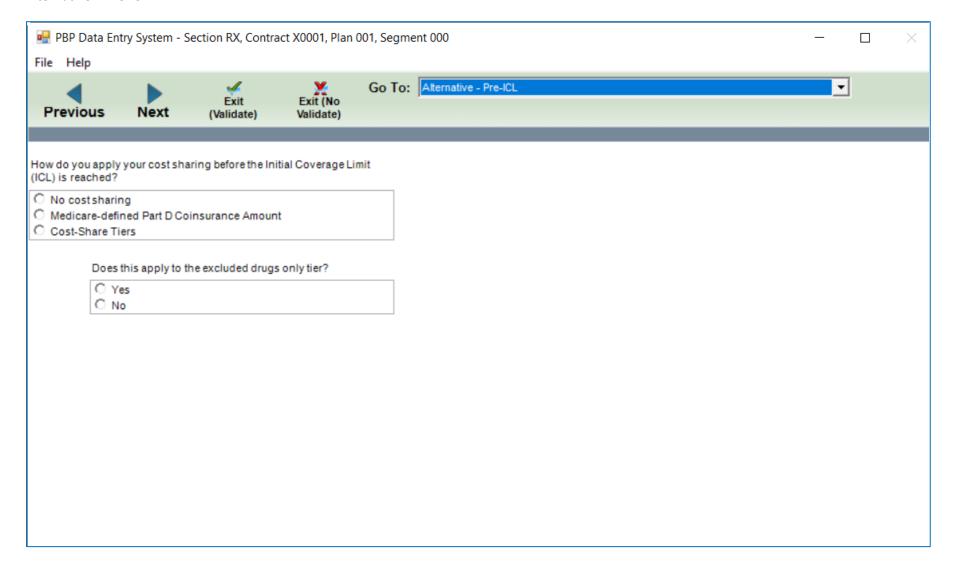
Alternative – Deductible

🖳 PBP Data Entry System - Section RX, Contract X0001, Plan 001, S	Segment 000	_	\times
File Help			
Previous Next (Validate) Go	To: Alternative - Deductible	•	
Basic/Enhanced Alternative Benefit Screens Do you charge the Medicare-defined Part D Deductible amount? Yes No, enter amount No Deductible Enter Deductible Amount: Does the Deductible apply to all tiers? Yes No Indicate each tier for which the deductible will NOT apply (select all tha apply, please note that the deductible will not apply to any of the drugs on each tier selected): Tier 1 Tier 2 Tier 3 Tier 4 Tier 6 Tier 6	During the deductible phase, is the cost sharing for drugs to which the deductible does not apply, the same as the Pre-ICL cost sharing for all locations? Ores No Indicate the type of cost-sharing structure for these drugs until the deductible is reached: Oreater of Coinsurance Copayment Greater of Coinsurance and Copayment Lesser of Coinsurance and Copayment Enter Coinsurance percentage: Enter Copayment amount Indicate the Out-of-Network (OON) cost-sharing structure for this plan: Standard Retail Copay/Coinsurance (no differential)* Standard Retail Copay/Coinsurance plus a differential between the OON billed charge and the Standard Retail allowable** Standard Retail Copay/Coinsurance with limited day Supply *If a plan chooses this option and does not utilize either a differential in cost sharing or a differential in day supply for out-of-network coverage, CMS' expectation is that the plan is monitoring for appropriate out-of-network use with either a post authorization process or alternate review tool. **CMS will pay the OON differential, as applicable, for appropriate OON purchase of covered Part D drugs for individuals receiving the low-income subsidy.	S	

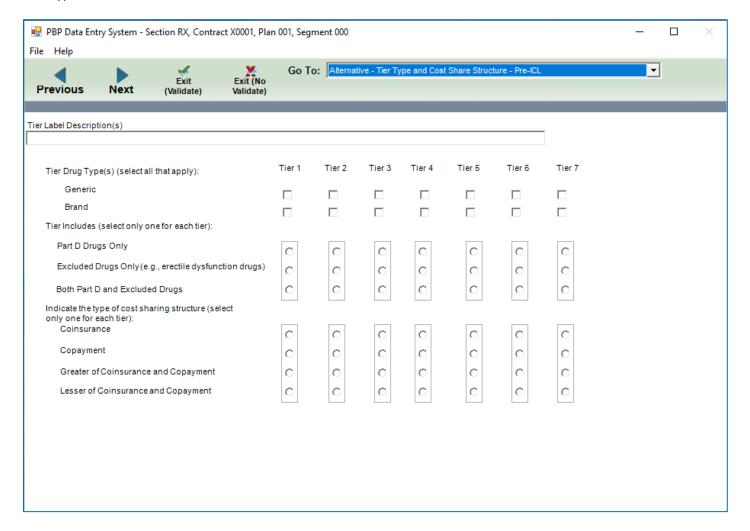
Alternative – Enhanced Alternative Characteristics

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000	×						
File Help File Help	tive - Enhanced Alternative Characteristics						
Do you offer reduced Part D cost sharing as part of your supplemental Part D Benefit? C Yes C No	Do you offer additional cost-sharing reductions in the coverage gap? C Yes No						
Indicate the area(s) throughout the Part D benefit where the reduced Part D cost sharing is reflected (select all that apply): Reduced deductible Reduced pre-ICL cost shares Raised ICL Reduced post-threshold cost shares	The beneficiary cost sharing for the Defined Standard (DS) gap coverage benefit in CY 2023 is 25% for non-applicable (i.e., generic) drugs and 25% for applicable (i.e., brand) drugs. The coverage gap discount applies to applicable drugs for all benefit types and must be reflected in each plan's bid. The gap coverage section of the PBP is intended only for those enhanced alternative (EA) plans offering additional cost-sharing reductions in the coverage gap through a supplemental Part D benefit. Other benefit types will NOT enter gap coverage information in the PBP.						
Do you cover excluded drugs as part of your supplemental coverage (e.g., drugs used to treat erectile dysfunction)? (Enhanced Alternative ONLY). C Yes No	Additional reductions in gap cost sharing offered by EAplans through a supplemental benefit represents cost sharing that is significantly better than the defined standard cost-sharing benefits for generic and/or brand drugs that must be offered by all plans. When offering additional cost-sharing reductions for applicable drugs in the gap, the plan liability is first applied to the plan-negotiated price, followed by the manufacturer coverage gap discount for applicable beneficiaries.						
If you select "Yes" to "Do you cover excluded drugs as part of your supplemental coverage (e.g., drugs used to treat erectile dysfunction)?", you must indicate these specific medications in a flat file which must be uplo	Example: Asponsor intends to offer additional coverage in the gap such that the plan's liabi for applicable drugs is 50% (100% minus 50% coinsurance). For drug with a plan-negotiate price of \$150, the plan liability is \$75, and the remaining \$75 will be shared by the manufacturer at 70% (\$52.50) and the beneficiary at 30% (\$22.50). By comparison, under the DS gap coverage for the same applicable drug, the manufacturer discount of 70% (\$105) is applied first, the beneficiary cost sharing is 25% (\$37.50), and the plan's liability is 5% (\$7.50).						
	Consistent with guidance issued in the June 2, 2010 HPMS memo "Medicare Coverage Gap Discount Program Beginning in 2011: Additional Guidance Concerning Part D Supplemental Benefits, Employer Group Waiver Plans, Platino Plans, and Subrogation Claims," PBPs may not incorporate the coverage gap discount into their benefit design. Manufacturer payments count toward a beneficiary's out-of-pocket costs and as such are to be included in the cost sharing entered into the PBP. In the case of either a coinsurance or copayment design, the amount the beneficiary pays at point of sale would be approximately 30% of the expected cost sharing entered in the PBP for applicable drugs.						
	The maximum additional gap beneficiary cost sharing for non-applicable drugs in CY 2023 is 15%. Since the manufacturer discount does not apply, the amount entered in the PBP and experienced by the beneficiary at point of sale is the same. The CY 2023 maximum additional gap cost sharing for applicable drugs is 50%, which is inclusive of the 70% manufacturer discount. While the maximum beneficiary cost sharing that should be experienced at the point of sale would be 15%, based on the above guidance, the PBP entry should reflect 50% cost sharing, inclusive of the manufacturer discount.						

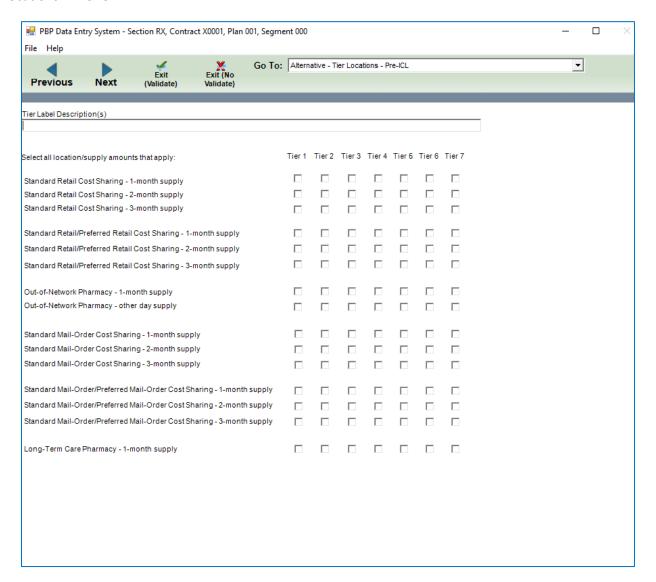
Alternative - Pre-ICL



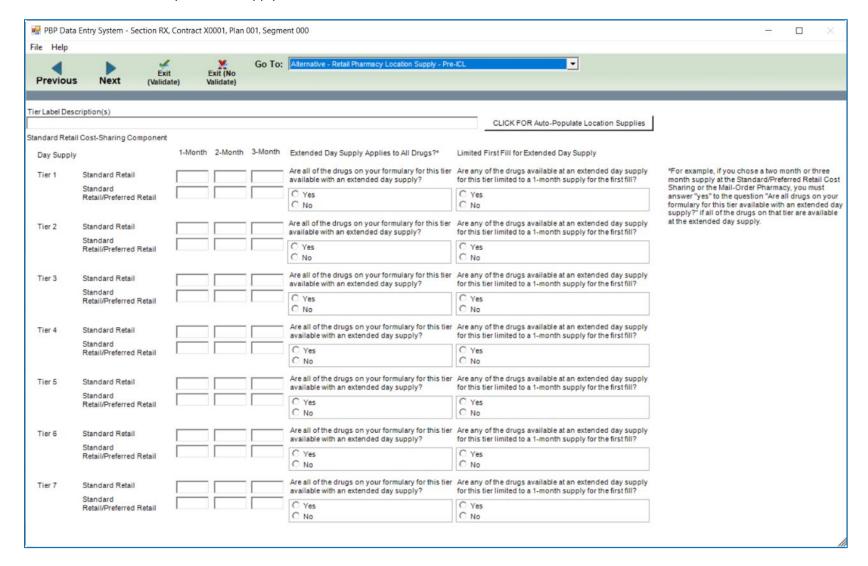
Alternative - Tier Type and Cost Share Structure - Pre-ICL



Alternative – Tier Locations – Pre-ICL



Alternative – Retail Pharmacy Location Supply – Pre-ICL



Alternative - Mail Order Location Supply - Pre-ICL

File Help				
Previous	Next (v.	Exit alidate)	Exit (No Validate)	Go To:
ier Label Descr	iption(s)			
tandard Mail-C component	rder Cost-Sharing Net			200
Day Supply		1-Month	2-Month	3-Month
Tier 1	Standard Mail-Order			
	Standard/Preferred M Order	ail-		
	Order	,		
Tier 2	Standard Mail-Order			
	Standard/Preferred M	ail-		
	Order	,		
Tier 3	Standard Mail-Order			
	Standard/Preferred M	ail-		
	Order	1		
Tier 4	Standard Mail-Order			
	Standard/Preferred M	ail-		
	Order			
Tier 5	Standard Mail-Order			
11010	Standard/Preferred M	ail-		
	Order	J	1	
Tier 6	Standard Mail-Order			
i lei o	Standard/Preferred M	ail-		
	Order		1	
_				
Tier 7	Standard Mail-Order	ail		
	Standard/Preferred M Order	all-		

Alternative – OON and LTC Location Supply – Pre-ICL

File Help					
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To: Alternative - OON and LTC Location Supply - Pro	e-ICL ▼
Tier Label Descript	ion(s)				CLICK FOR Auto-Populate Location Supplies
Day Supply		Network Co		1-Month Other Day	
	Tier 1	Out-of-Net Long-Term	work n Care Drugs		
	Tier 2	Out-of-Net Long-Term	twork n Care Drugs		
	Tier 3	Out-of-Net Long-Term	twork n Care Drugs		
	Tier 4	Out-of-Net Long-Term	twork n Care Drugs		
	Tier 5	Out-of-Net Long-Term	twork n Care Drugs		
	Tier 6	Out-of-Net	work n Care Drugs		
	Tier 7	Out-of-Net	work n Care Drugs		

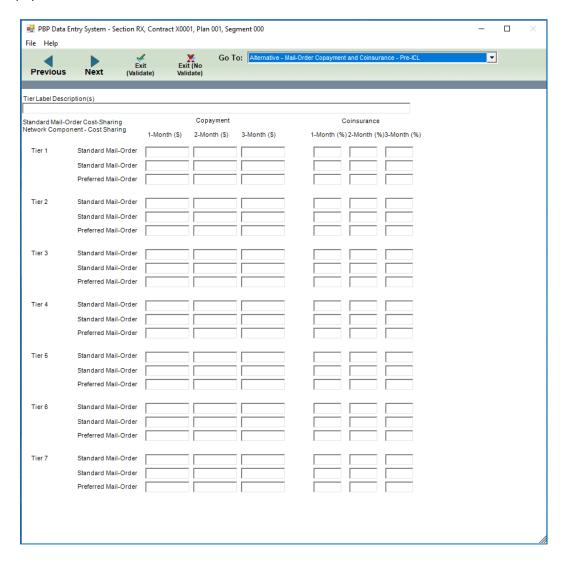
Alternative – Retail Pharmacy Copayment and Coinsurance – Pre-ICL

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PBP Data En	try System - Secti	on RX, Contra	act X0001, Plan	001, Segmen	t 000									
File Help														
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	Alternative - R	etail Pharmacy. Copayment and	Coinsurance -	Pre-ICL	•					
Tier Label Descri	ption(s)						_							
Standard Retail Component - C	l Cost-Sharing cost Sharing	1-		Copayment 2-Month (\$)	3-Month (\$)	Avg Expected Coins Dollar Amt (1-month supply) (\$):		nsurance) 2-Month (%)	3-Month (%)	i)				
Tier 1	Standard Retail Standard Retail Preferred Retail													
Tier 2	Standard Retail Standard Retail Preferred Retail													
Tier 3	Standard Retail Standard Retail Preferred Retail													
Tier 4	Standard Retail Standard Retail Preferred Retail													
Tier 5	Standard Retail Standard Retail Preferred Retail													
Tier 6	Standard Retail Standard Retail Preferred Retail													
Tier 7	Standard Retail Standard Retail Preferred Retail	Ė												A

Alternative - Mail Order Copayment and Coinsurance - Pre-ICL

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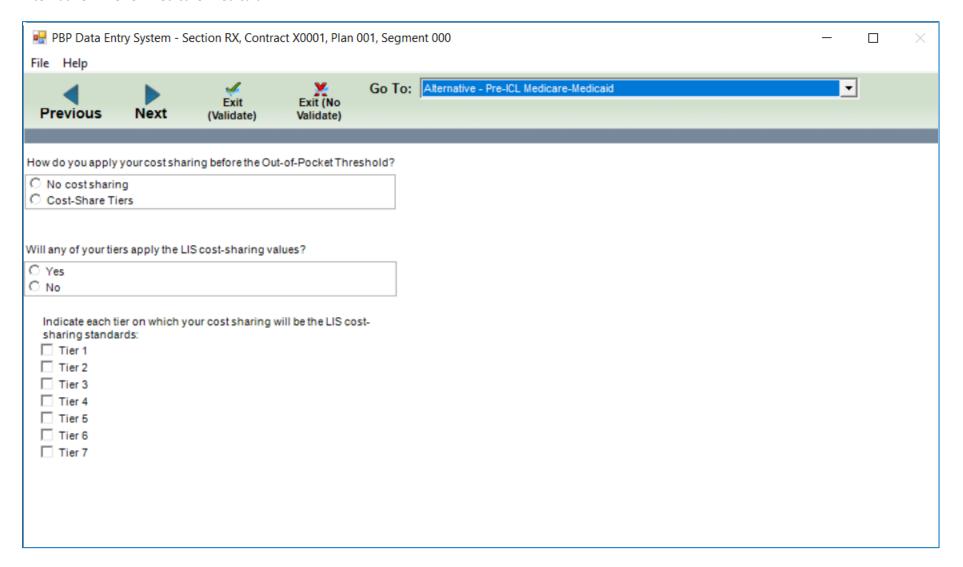
Alternative – OON and LTC Copayment and Coinsurance – Pre-ICL

Help revious	Exit Next (Validate)	Exit (No Validate)	Go To: Alternativ	e - OON and LTC Copayment and Coinsurance - Pre-ICL	V
abel Description	(s)				
Tier 1	Network Component Out-of-Network Long-Term Care Drugs	Copayment 1-Month (\$)	Other (\$):	Coinsurance 1-Month (%) Other (%):	
Tier 2	Out-of-Network Long-Term Care Drugs				
Tier 3	Out-of-Network Long-Term Care Drugs				
Tier 4	Out-of-Network Long-Term Care Drugs				
Tier 5	Out-of-Network Long-Term Care Drugs				
Tier 6	Out-of-Network Long-Term Care Drugs				
Tier 7	Out-of-Network Long-Term Care Drugs				

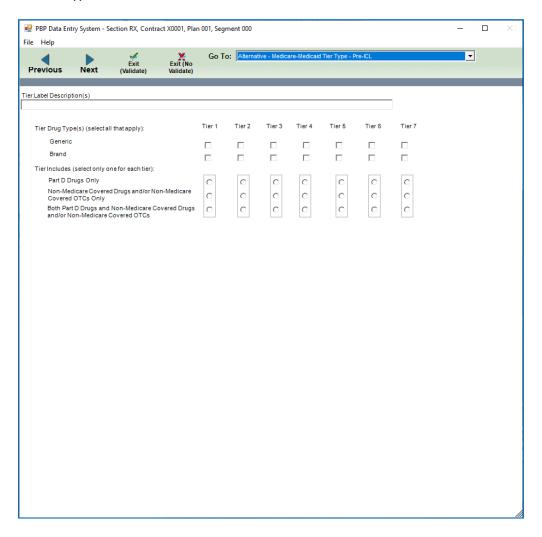
Alternative – Daily Copayment Amount Cost Sharing – Pre-ICL

		em - Section RX, Contr	ract X0001, Plan (001, Segment 000										×
File F	1	Exit (Validate)	Exit (No Validate)	Go To: Alterno	ative - Daily Copayment Amount	Cost-Sharing - Pre-l	CL	•						
Tier Lab	el Description(s)												
CLICK	FOR Daily Cop	ay Instructions	Copayment			Cop	ayment							
		1-Month (\$)		Daily (S)		1-Month (\$)	1-Month	Daily (\$)		Copayment				
Tier 1	Standard Re	tail			Standard Mail-Order				1	1-Month (S)	1-Month	Daily (\$)		
	Standard Re				Standard Mail-Order			-	Long-Term Care Drugs					
	Preferred Re	tail	-		Preferred Mail-Order									
Tier 2	Standard Re	tail			Standard Mail-Order				1					
	Standard Re	tail			Standard Mail-Order			<u> </u>	Long-Term Care Drugs					
	Preferred Re	tail	- '		Preferred Mail-Order		•							
Tier 3	Standard Re	tail			Standard Mail-Order									
	Standard Re	tail			Standard Mail-Order				Long-Term Care Drugs					
	Preferred Re	tail	,		Preferred Mail-Order							,		
Tier 4	Standard Re	tail			Standard Mail-Order									
	Standard Re	tail			Standard Mail-Order				Long-Term Care Drugs					
	Preferred Re	tail			Preferred Mail-Order							•		
Tier 5	Standard Re	tail			Standard Mail-Order									
	Standard Re	tail			Standard Mail-Order				Long-Term Care Drugs					
	Preferred Re	tail			Preferred Mail-Order									
Tier 6	Standard Re	tail			Standard Mail-Order									
	Standard Re	tail			Standard Mail-Order				Long-Term Care Drugs					
	Preferred Re	tail			Preferred Mail-Order									
Tier 7	Standard Re	tail			Standard Mail-Order									
	Standard Re	tail			Standard Mail-Order				Long-Term Care Drugs					
	Preferred Re	tail			Preferred Mail-Order					0.1	to Dallo C			
											te Daily Cope			
										Clear	Daily Copay	Amount		

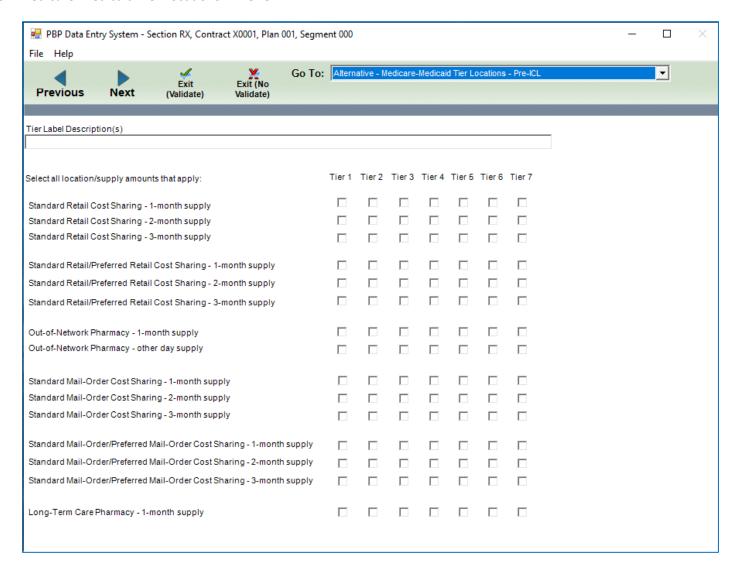
Alternative - Pre-ICL Medicare-Medicaid



Alternative - Medicare-Medicaid Tier Type - Pre-ICL



Alternative – Medicare-Medicaid Tier Locations – Pre-ICL



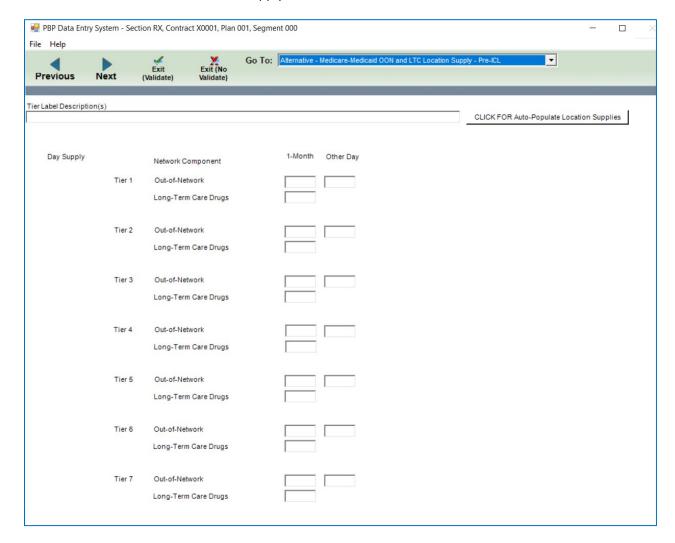
Alternative – Medicare-Medicaid Retail Pharmacy Location Supply – Pre-ICL

File Help							
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	Alternative - Medicare-Medicaid Retail Pharmacy L	ocation Supply - Pre-ICL	
Tier Label Desc	cription(s)					CLICK FOR Auto-Populate Location Supplies	1
Standard Retail	Cost Sharing Compo	onent					
Day Supply		1-Mo	nth 2-Month	3-Month	Extended Day Supply Applies to All Drugs?*	Limited First Fill for Extended Day Supply	
Tier 1	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	*For example, if you chose a two month or three month supply at the Standard/Preferred Retail Cos
	Standard Retail/Preferred Ret	ail			C Yes C No	C Yes C No	Sharing or the Mail-Order Pharmacy, you must answer "yes" to the question "Are all drugs on your formulary for this tier available with an extended da
Tier 2	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	supply?" if all of the drugs on that tier are available at the extended day supply.
	Standard Retail/Preferred Ret	ail			C Yes C No	C Yes C No	
Tier 3	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Standard Retail/Preferred Ret	ail			C Yes C No	C Yes C No	
Tier 4	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Standard Retail/Preferred Ret	ail			C Yes C No	C Yes C No	
Tier 5	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Standard Retail/Preferred Ret	ail			C Yes C No	C Yes C No	
Tier 6	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Standard Retail/Preferred Ret	ail			C Yes C No	C Yes C No	
Tier 7	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Standard Retail/Preferred Ret	ail			C Yes C No	C Yes C No	

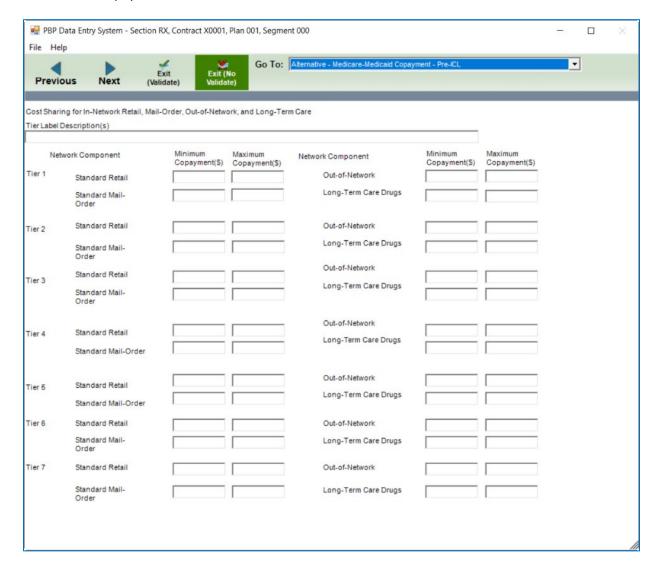
Alternative – Medicare-Medicaid Mail Order Location Supply – Pre-ICL

File Help Previous	Exit Next (Valida	, E	xit (No	Go To:	native - Medicare-Medicaid Mail-Order Location Supply - Pre-ICL
		e) v	alidate)		
ier Label Desc	cription(s)				CLICK FOR Auto-Populate Location Suppli
tandard Mail- omponent Day Supply	Order Cost-Sharing Network		2-Month	3-Month	
Tier 1	Standard Mail-Order				
	Standard/Preferred Mail- Order				
Tier 2	Standard Mail-Order				
	Standard/Preferred Mail- Order				
Tier 3	Standard Mail-Order				
	Standard/Preferred Mail- Order				
Tier 4	Standard Mail-Order				
	Standard/Preferred Mail- Order				
Tier 5	Standard Mail-Order				
	Standard/Preferred Mail- Order				
Tier 6	Standard Mail-Order				
	Standard/Preferred Mail- Order				
Tier 7	Standard Mail-Order				
	Standard/Preferred Mail- Order				

Alternative - Medicare-Medicaid OON and LTC Location Supply - Pre-ICL



Alternative - Medicare-Medicaid Copayment - Pre-ICL

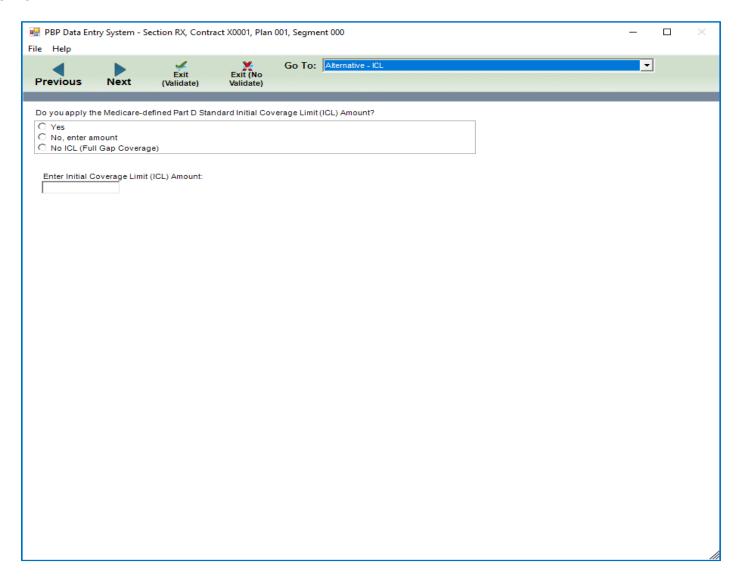


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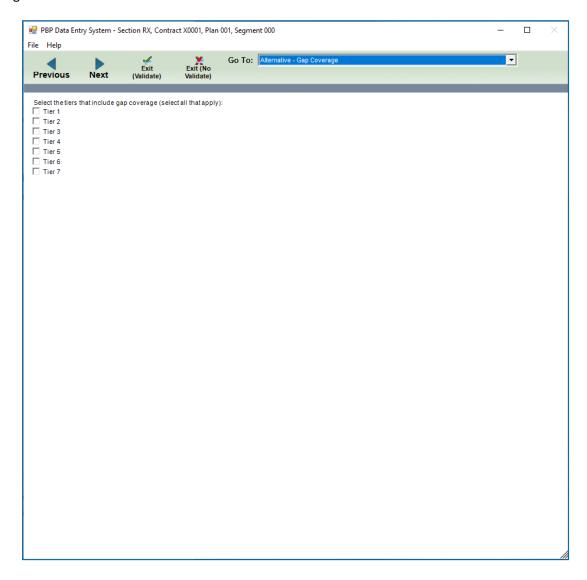
Alternative – Medicare-Medicaid Daily Copayment Amount Cost Sharing

₽BP D	ata Entry System - Section RX	, Contract X0001,	Plan 001, Segment	000					_	
File Help Previo	Exi	t Exit (l	Go To: A	lternative - Medio	care-Medicaid Da	ily Copayment Amount Cost-Sharing				
Tier Label D	escription(s)									
CLICK F	OR Daily Copay Instructions	1								
		Minimum Copayment(S)	Maximum Copayment(\$)	1-Month	Daily (\$)		Minimum	Maximum	1-Month	Daily (\$)
Tier 1	Standard Retail					Long-Term Care Drugs	Copayment(\$)	Copayment(\$)		
	Standard Mail-Order									
Tier 2	Standard Retail					Long-Term Care Drugs				
	Standard Mail-Order						,			,
Tier 3	Standard Retail									
	Standard Mail-Order					Long-Term Care Drugs				
Tier 4	Standard Retail					Long-Term Care Drugs				
	Standard Mail-Order					Eong-teim Care Diags	'			
Tier 5	Standard Retail					1				
11013	Standard Mail-Order					Long-Term Care Drugs				
Tier 6	Standard Retail					Long-Term Care Drugs				
Tier 7	Standard Mail-Order Standard Retail					_				
Tier /	Standard Mail-Order					Long-Term Care Drugs	J			
								_	Calculate Daily Cop	ay Amount
									Clear Daily Copay	Amount
								_	,,	

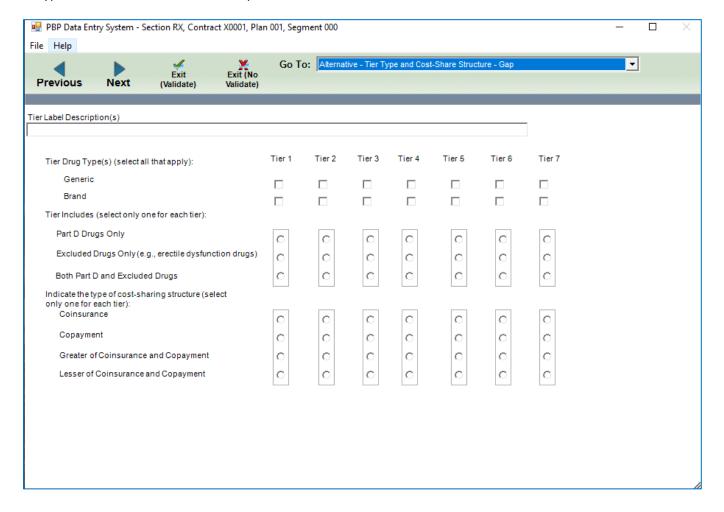
Alternative – ICL



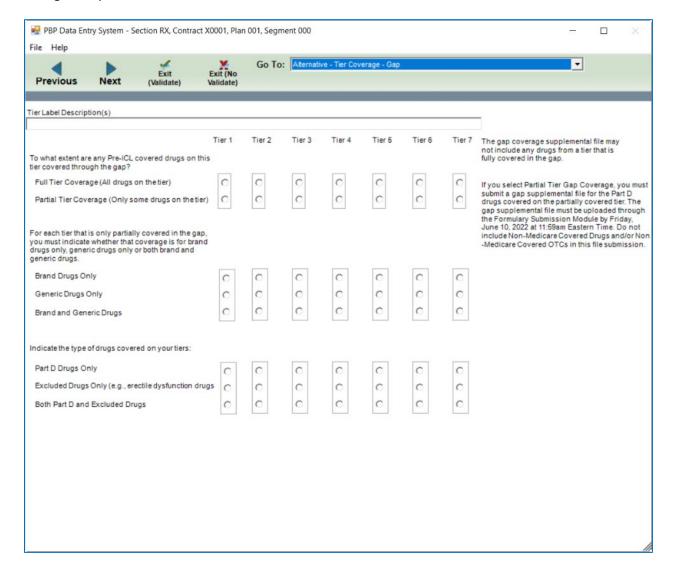
Alternative – Gap Coverage



Alternative – Tier Type and Cost Share Structure – Gap



Alternative - Tier Coverage - Gap



Alternative – Tier Locations – Gap

🖳 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segr	ment 000								_	\times
File Help										
Previous Next (Validate) Go To	Altern	native - T	ier Loca	tions - G	Зар				*	
Tier Label Description(s)										
Select all location/supply amounts that apply:	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7			
Standard Retail Cost Sharing - 1-month supply										
Standard Retail Cost Sharing - 2-month supply										
Standard Retail Cost Sharing - 3-month supply										
Standard Retail/Preferred Retail Cost Sharing - 1-month supply										
Standard Retail/Preferred Retail Cost Sharing - 2-month supply										
Standard Retail/Preferred Retail Cost Sharing - 3-month supply										
Out-of-Network Pharmacy - 1-month supply										
Out-of-Network Pharmacy - other day supply										
Standard Mail-Order Cost Sharing - 1-month supply										
Standard Mail-Order Cost Sharing - 2-month supply										
Standard Mail-Order Cost Sharing - 3-month supply										
Standard Mail-Order/Preferred Mail-Order Cost Sharing - 1-month supply										
Standard Mail-Order/Preferred Mail-Order Cost Sharing - 2-month supply										
Standard Mail-Order/Preferred Mail-Order Cost Sharing - 3-month supply										
Long-Term Care Pharmacy - 1-month supply										

Alternative – Retail Pharmacy Location Supply – Gap

4		xit	Exit (No	Go To:	Alternative - Retail Pharmacy Location Supply - Ga	▼			
Previous		date)	Validate)						
ier Label Descri	iption(s)					2 1 1 10 11 11 11 11			
all are positive to						CLICK FOR Auto-Populate Location Supplies			
tandard Retail (Cost-Sharing Compone	nt							
Day Supply		1-Mont	h 2-Month	3-Month	Extended Day Supply Applies to All Drugs?*	Limited First Fill for Extended Day Supply			
	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	"For example, if you chose a two month or three month supply at the Standard/Preferred Retail Cost		
	Standard Retail/Preferred Retail				C Yes	C Yes	Sharing or the Mail-Order Pharmacy, you must answer "yes" to the question "Are all drugs on your		
					C No	C No	formulary for this tier available with an extended day supply?" if all of the drugs on that tier are available		
	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	at the extended day supply.		
	Standard Retail/Preferred Retail				C Yes	C Yes			
					C No	C No			
***************************************	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?			
	Standard Retail/Preferred Retail				C Yes	C Yes			
					C No	C No			
	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?			
	Standard Retail/Preferred Retail				C Yes	C Yes			
					C No	C No			
V. C.	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?			
	Standard Retail/Preferred Retail				C Yes	C Yes			
					C No	C No			
	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?			
	Standard Retail/Preferred Retail				C Yes	C Yes			
					C No	C No			
	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?			
	Standard Retail/Preferred Retail				C Yes	C Yes			
	recuir received recuir				C No	C No			

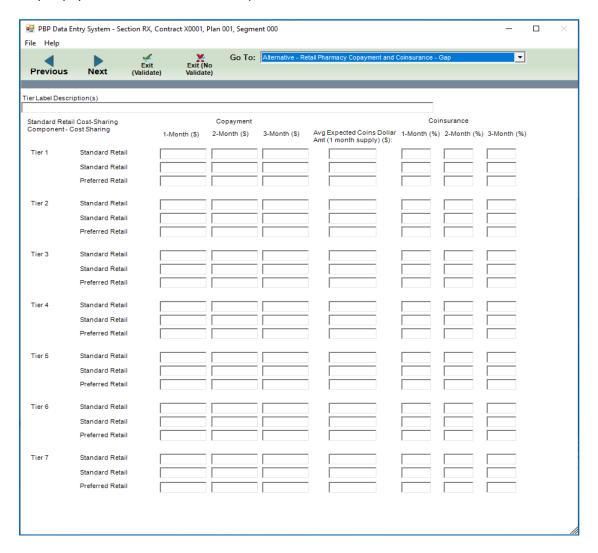
Alternative – Mail-Order Location Supply – Gap

Previous	Next (Valida	te) V	Exit (No alidate)	Go To:	<u> </u>
r Label Desc	eription(s)				CLICK FOR Auto-Populate Location Sup
	Order Cost-Sharing Network				
mponent Day Supply		1-Month	2-Month	3-Month	
Tier 1	Standard Mail-Order				
	Standard/Preferred Mail- Order				
Tier 2	Standard Mail-Order				
	Standard/Preferred Mail- Order				
Tier 3	Standard Mail-Order				
	Standard/Preferred Mail- Order				
Tier 4	Standard Mail-Order				
	Standard/Preferred Mail- Order				
Tier 5	Standard Mail-Order				
	Standard/Preferred Mail- Order				
Tier 6	Standard Mail-Order				
	Standard/Preferred Mail- Order				
Tier 7	Standard Mail-Order				
	Standard/Preferred Mail- Order				

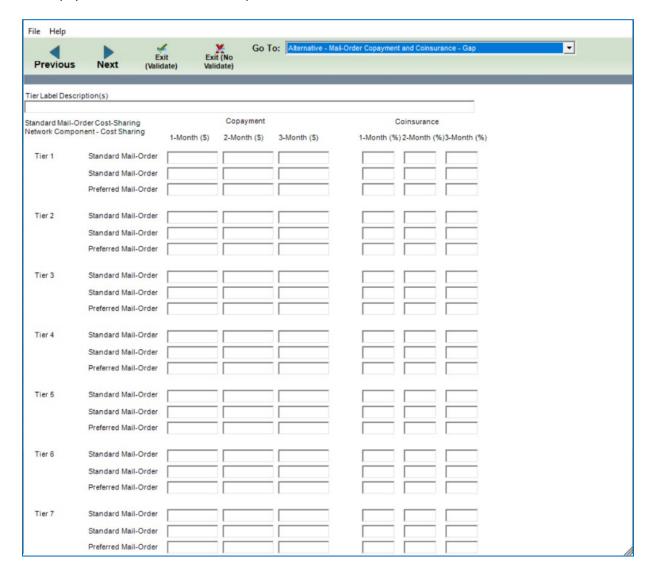
Alternative – OON and LTC Location Supply – Gap

🖳 PBP Data Ent	ry System - Sec	tion RX, Contract X0001, Pla	n 001, Segment 000	- 🗆 ×
File Help				
_ ◀		Exit Exit (No	Go To: Alternative - OON and LTC Location Supply - Gap	
Previous	Next	(Validate) Validate)		
Tier Label Descript	ion(s)			
	(2)			CLICK FOR Auto-Populate Location Supplies
Day Supply		Naturali Campanant	1-Month Other Day	
		Network Component		
	Tier 1	Out-of-Network		
		Long-Term Care Drugs		
	Tier 2	Out-of-Network		
	1161 2	Long-Term Care Drugs		
		Long-Term Care Drugs		
	Tier 3	Out-of-Network		
		Long-Term Care Drugs		
	Tier 4	Out-of-Network		
		Long-Term Care Drugs		
	Tier 5	Out-of-Network		
		Long-Term Care Drugs		
	Tier 6	Out-of-Network		
		Long-Term Care Drugs		
	Tier 7	Out-of-Network		
		Long-Term Care Drugs		

Alternative – Retail Pharmacy Copayment and Coinsurance – Gap



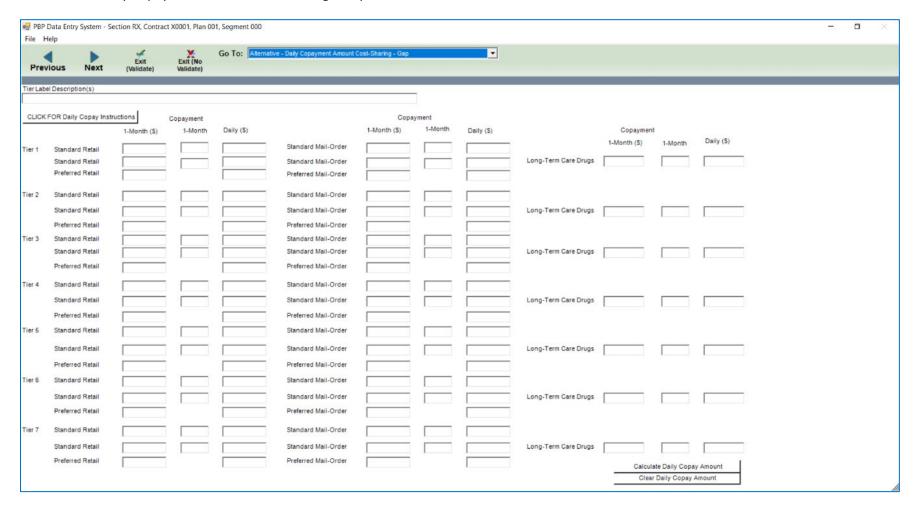
Alternative – Mail Order Copayment and Coinsurance – Gap



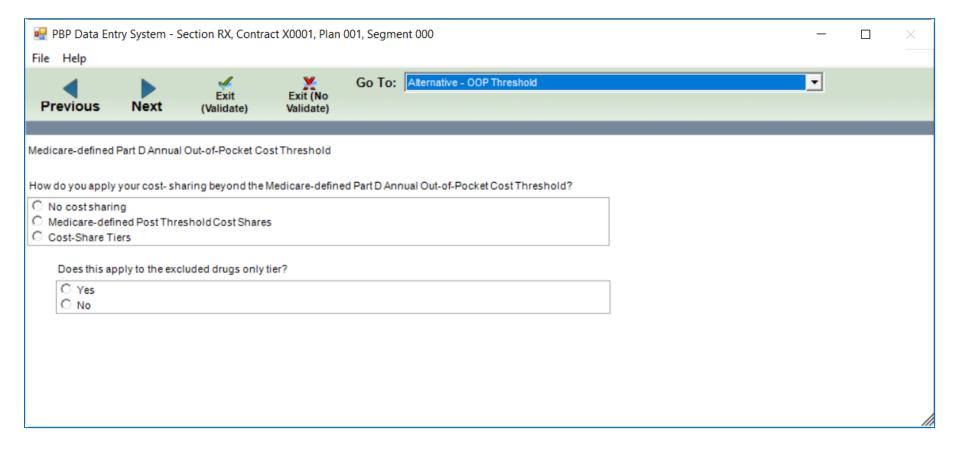
Alternative – OON and LTC Copayment and Coinsurance – Gap

Tier 2 C L Tier 3 C L Tier 4 C	Network Component Out-of-Network Long-Term Care Drugs Out-of-Network Long-Term Care Drugs Out-of-Network	Copayment 1-Month (\$) Other (\$):	Coinsurance 1-Month (%) Other (%):	
Tier 2 C L Tier 3 C L Tier 4 C	Out-of-Network Long-Term Care Drugs Out-of-Network Long-Term Care Drugs Out-of-Network			
Tier 1 C L Tier 2 C L Tier 3 C L Tier 4 C	Out-of-Network Long-Term Care Drugs Out-of-Network Long-Term Care Drugs Out-of-Network	1-Month (\$) Other (\$):	1-Month (%) Other (%):	
Tier 2 C L Tier 3 C L	Long-Term Care Drugs Out-of-Network Long-Term Care Drugs Out-of-Network			
Tier 2 C L Tier 3 C L Tier 4 C	Out-of-Network Long-Term Care Drugs Out-of-Network			
Tier 3 C L Tier 4 C	Long-Term Care Drugs Out-of-Network			
Tier 3 C L Tier 4 C	Out-of-Network			
L Tier 4 C				
L Tier 4 C				
Tier 4 C	Long-Term Care Drugs			
	Out-of-Network			
	Long-Term Care Drugs			
Tier 5 C	Out-of-Network			
L	Long-Term Care Drugs			
Tier 6 C	Out-of-Network			
L	Long-Term Care Drugs			
Tier7 C	Out-of-Network			

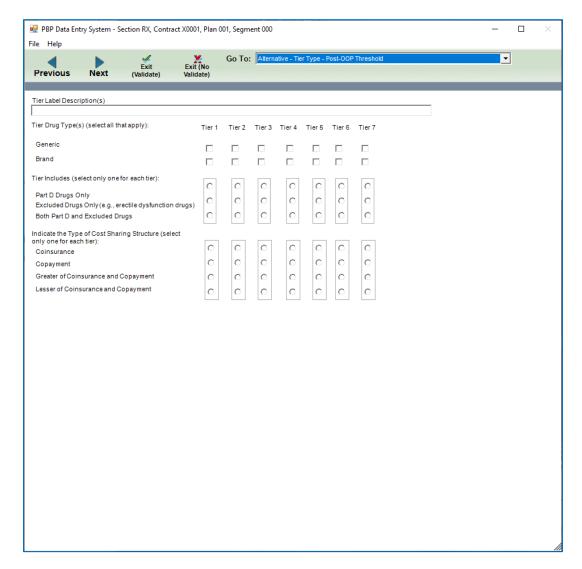
Alternative – Daily Copayment Amount Cost Sharing – Gap



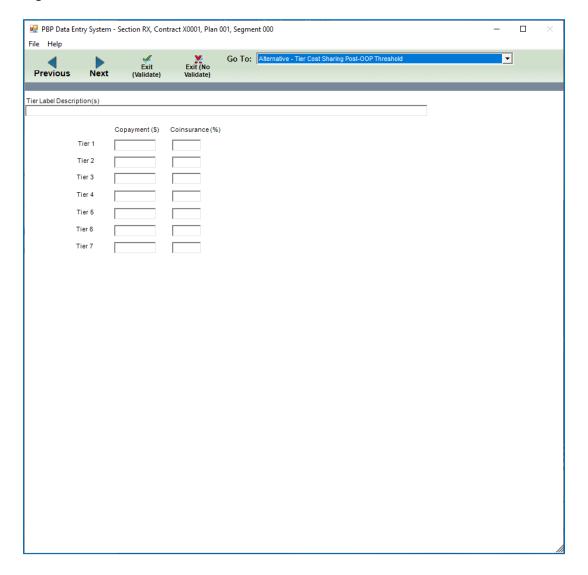
Alternative - OOP Threshold



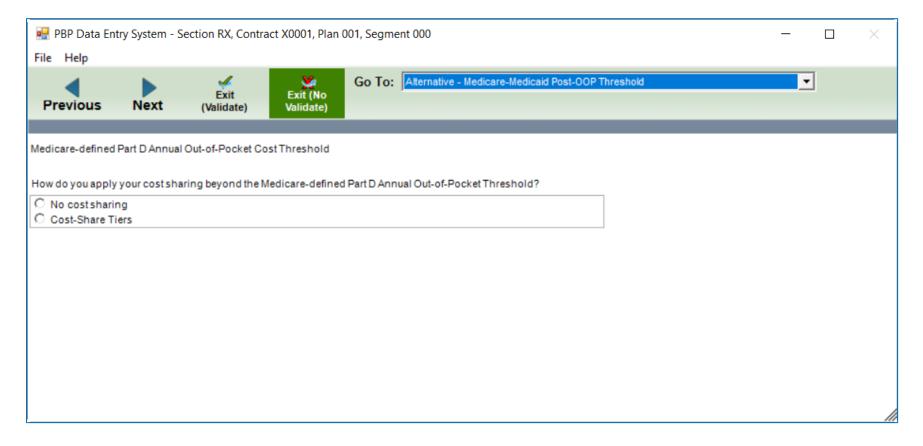
Alternative - Tier Type - Post-OOP Threshold



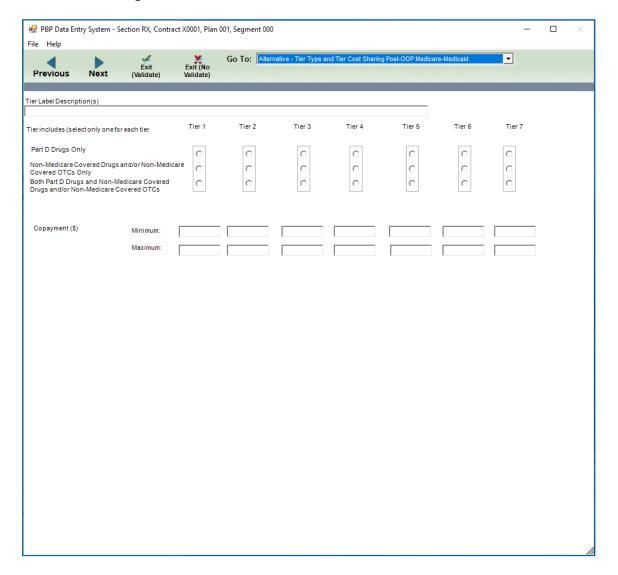
Alternative – Tier Cost Sharing Post-OOP Threshold



Alternative – Medicare-Medicaid Post-OOP Threshold



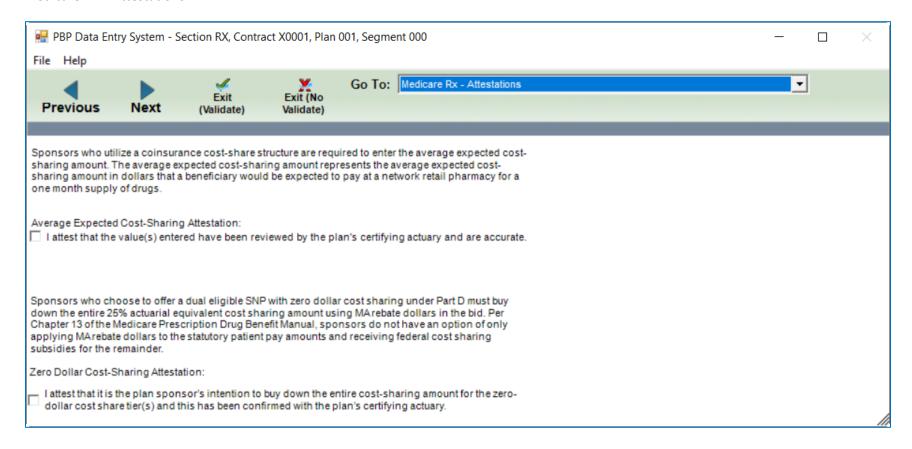
Alternative – Tier Type and Tier Cost Sharing Post-OOP Medicare and Medicaid



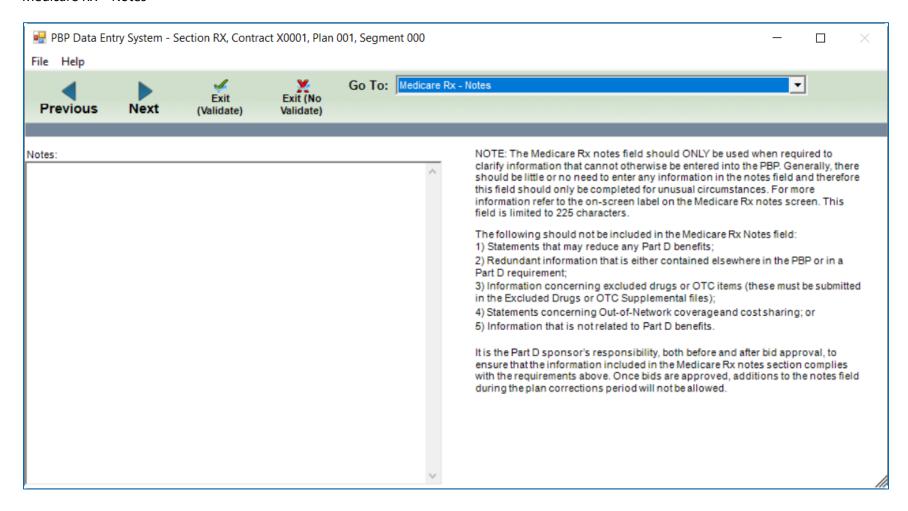
Defined Standard – Locations and Location Supply

🖳 PBP Data Entry System - Section RX, Contract X0001, Plan	001, Segment 000	,-, D X
File Help Previous Next (Validate) File Help Exit (No Validate)	Go To: Defined Standard - Locations and Location Supply	
Select all location/supply amounts that apply: Standard Retail Cost Sharing - 1-month Supply	Enter number of days for: 1-Month 2-Month 3-Month Other Day	Are all of the drugs on your formulary available with an extended day supply? C Yes No
Standard Retail Cost Sharing - 2-month Supply Standard Retail Cost Sharing - 3-month Supply Out-of-Network Pharmacy - 1-month Supply Out-of-Network Pharmacy - Other Day Supply		Are any of the drugs available at an extended day supply limited to a 1-month supply for the first fill? C Yes C No
Standard Mail-Order Cost Sharing - 1-month Supply Standard Mail-Order Cost Sharing - 2-month Supply Standard Mail-Order Cost Sharing - 3-month Supply		When you select a 2-month and/or a 3-month supply at a retail or mail-order pharmacy, you must indicate whether or not all drugs on the entire FORMULARY are available with an extended day supply.
Long-Term Care Pharmacy - 1-month Supply		The beneficiary cost sharing for the Defined Standard (DS) gap coverage benefit in CY 2023 is 25% for non-applicable (i.e., generic) drugs and 25% for applicable (i.e., brand) drugs. The coverage gap discount applies to applicable drugs for all benefit types and must be reflected in each plan's bid. The gap coverage section of the PBP is intended only for those enhanced alternative (EA) plans offering additional cost-sharing reductions in the coverage gap through a supplemental Part D benefit. Other benefit types will NOT enter gap coverage information in the PBP.

Medicare Rx - Attestations

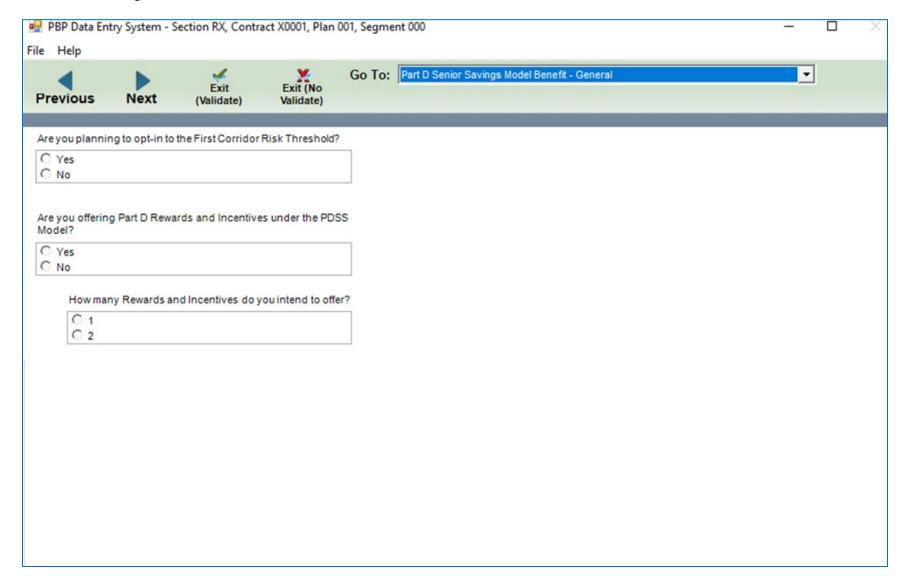


Medicare RX - Notes

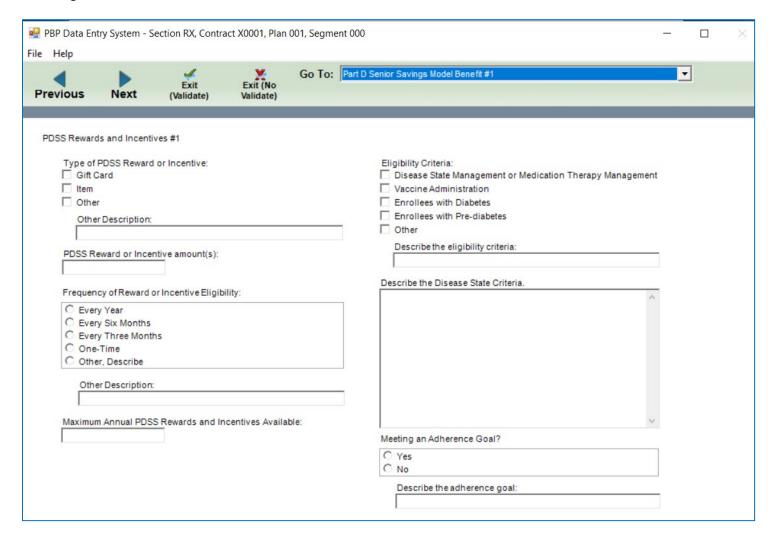


File Help Previous N	Exit (Validate	Exit (No Validate)	Go To:	Part D Payment Modernization Demonstration Benefit - Base 1	
D Payment Moderni C Yes No Please select your Part D Rewards Reduction or El Biosimilars for I Medication The Plan Timelines: Limited Initial D Cost-Sharing S Other	Part D Payment Mode s and Incentives Prog limination of Cost-Sha Low-Income Subsidy I erapy Management+ (s for Standard Initial C pays' Supply	ernization Model Flo ram ring on Generic Dru Beneficiaries MTM+)	exibility:	Type of Reduction or Elimination of Cost Sharing. Reduction of cost sharing on all formulary generic drugs and biosimilars. Reduction of cost sharing on select formulary generic drugs and biosimilars. Part D Payment Model LIS Cost-Sharing Reduction File must be uploaded throther Formulary Submission Module by Friday, June 10, 2022 at 11:59 am Eastern. Part D Rewards and Incentives. Type of Part D Reward or Incentive: Debit Card Gift Card Item Other Other Description: Part D Reward or Incentive amount(s): Frequency of Reward or Incentive Eligibility: C Every Year C Every Six Months C Every Three Months One-Time Other, Describe Other Description: Maximum Annual Part D Rewards and Incentives Available:	ugh

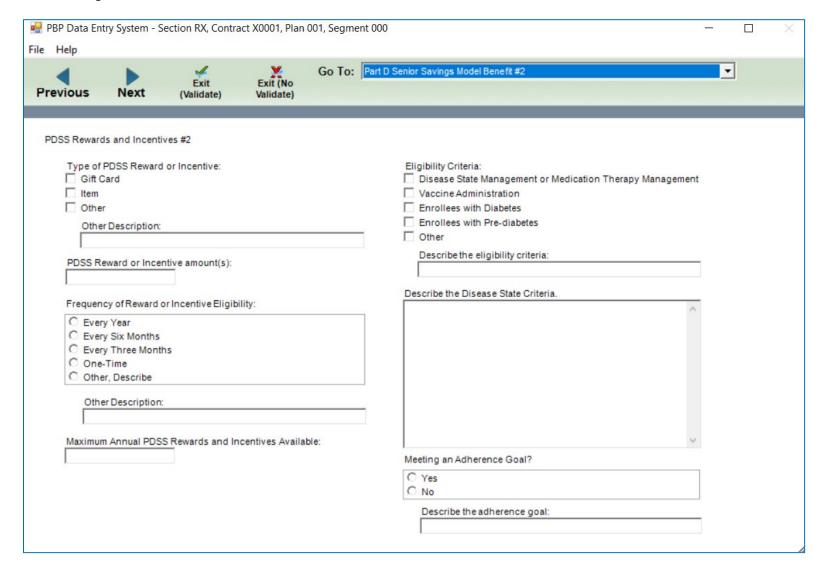
Part D Senior Savings Model Benefit – General



Part D Senior Savings Model Benefit #1

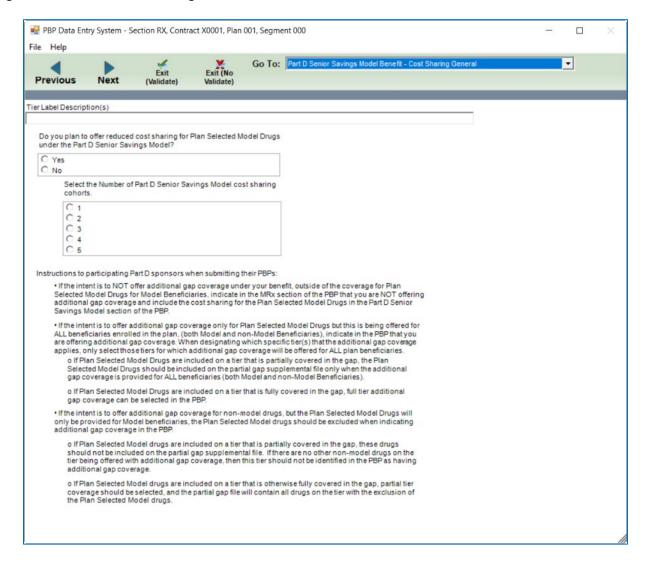


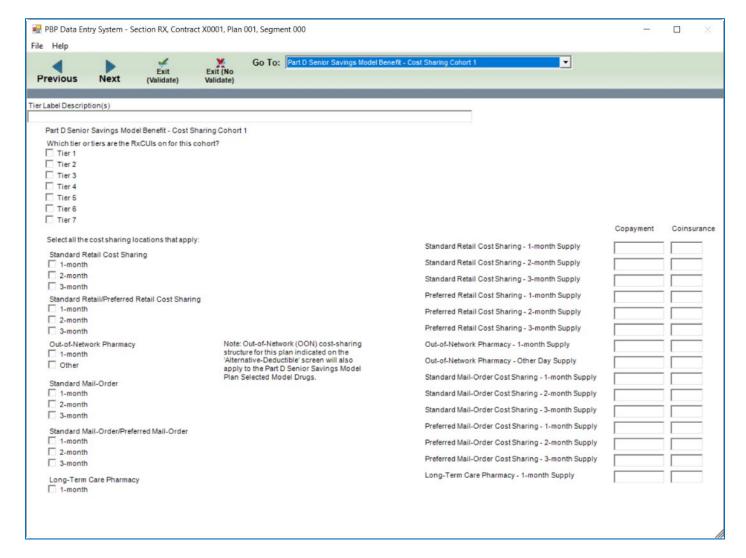
Part D Senior Savings Model Benefit #2



Part D Senior Savings Model Benefit - Cost Sharing General

Softrams





4		4		Savings Model Benefit - Cost Sharing Cohort 2		
revious	Next	Exit (Validate)	Exit (No Validate)			
Label Descrip	tion(s)					
Part D Senio	Savings Mod	lel Benefit - Cost Sh	aring Cohort 2			
	rtiers are the F	exCUIs on for this c	ohort?			
☐ Tier 1						
Tier 2						
Tier 3						
Tier 4						
Tier 5						
Tier 6						
Tier 7					Copayment	Coinsurar
		ocations that apply	:	Standard Retail Cost Sharing - 1-month Supply		
Standard R	etail Cost Sha	ring		Standard Retail Cost Sharing - 2-month Supply		i
2-month 3-month Standard Retail/Preferred Retail Cost Sharing				Standard Retail Cost Sharing - 3-month Supply		
				Preferred Retail Cost Sharing - 1-month Supply		
1-month				Preferred Retail Cost Sharing - 2-month Supply		
3-month				Preferred Retail Cost Sharing - 3-month Supply		
Out-of-Netv	vork Pharmac	1	Note: Out-of-Network (OON) cost-sharing structure for this plan indicated on the			
Other			'Alternative-Deductible' screen apply to the Part D Senior Sav	Il also Out-of-Network Pharmacy - Other Day Supply		
Standard N	ail-Order		Plan Selected Model Drugs.	Standard Mail-Order Cost Sharing - 1-month Supply		
1-month				Standard Mail-Order Cost Sharing - 2-month Supply		
3-month				Standard Mail-Order Cost Sharing - 3-month Supply		
Standard Mail-Order/Preferred Mail-Order				Preferred Mail-Order Cost Sharing - 1-month Supply	,	
1-month				Preferred Mail-Order Cost Sharing - 2-month Supply	,	
2-month 3-month				Preferred Mail-Order Cost Sharing - 3-month Supply	/	
Long-Term	Care Pharma	cv		Long-Term Care Pharmacy - 1-month Supply		
1-month						

Previous	Next	Exit (Validate)	Exit (No Validate)	Go To: Part D Senior Savings Model Bend	efit - Cost Sharing Cohort 3		
r Label Descrip	tion(s)						
Part D Senio	Savings Mod	del Benefit - Cost Sh	naring Cohort 3	C.			
☐ Tier 1	rtiers are the f	RxCUIs on for this o	cohort?				
Tier 2							
Tier 3							
Tier 4							
Tier 5							
Tier 6							
☐ Tier 7						Copayment	Coinsuran
		locations that apply	r.		Standard Retail Cost Sharing - 1-month Supply		
1-month	etail Cost Sha	ring			Standard Retail Cost Sharing - 2-month Supply		
2-month					Standard Retail Cost Sharing - 3-month Supply		
3-month							
Standard Retail/Preferred Retail Cost Sharing					Preferred Retail Cost Sharing - 1-month Supply		
1-month					Preferred Retail Cost Sharing - 2-month Supply		
2-month					Preferred Retail Cost Sharing - 3-month Supply		
3-month							
	ork Pharmac	y		Out-of-Network (OON) cost-sharing refor this plan indicated on the	Out-of-Network Pharmacy - 1-month Supply		
1-month			'Alterna	ative-Deductible' screen will also	Out-of-Network Pharmacy - Other Day Supply		
Standard Mail-Order Plan Selected Mod		to the Part D Senior Savings Model	Standard Mail-Order Cost Sharing - 1-month Supply				
	elected Model Drugs.						
	1-month	Standard Mail-Order Cost Sharing - 2-month Supply					
2-month					Standard Mail-Order Cost Sharing - 3-month Supply		
					Preferred Mail-Order Cost Sharing - 1-month Supply		
Standard M		erred Mail-Order					
1-month					Preferred Mail-Order Cost Sharing - 2-month Supply		
3-month					Preferred Mail-Order Cost Sharing - 3-month Supply		
					Long-Term Care Pharmacy - 1-month Supply		
Long-Term	Care Pharma	су					

Previous	Next	Exit (Validate)	Exit (No Validate)	Go To: Part D Senior Savings Model Be	neft - Cost Sharing Cohort 4		
er Label Descrip	tion(s)						
Part D Senior	Savings Mod	el Benefit - Cost S	haring Cohort 4				
Which tier o Tier 1 Tier 2 Tier 3	rtiers are the f	RxCUIs on for this	cohort?				
☐ Tier 4 ☐ Tier 5 ☐ Tier 6							
☐ Tier 7						Copayment	Coinsuran
Select all the	costsharing	ocations that appl	y:		Standard Retail Cost Sharing - 1-month Supply	Сорауман	
	etail Cost Sha	ring			Standard Retail Cost Sharing - 2-month Supply		
1-month							
3-month Standard Retail/Preferred Retail Cost Sharing					Standard Retail Cost Sharing - 3-month Supply		
					Preferred Retail Cost Sharing - 1-month Supply		
1 -month					Preferred Retail Cost Sharing - 2-month Supply		
3-month					Preferred Retail Cost Sharing - 3-month Supply		
	ork Pharmac	,		ut-of-Network (OON) cost-sharing	Out-of-Network Pharmacy - 1-month Supply		
1-month Other			'Alterna	re for this plan indicated on the tive-Deductible' screen will also	Out-of-Network Pharmacy - Other Day Supply		
				o the Part D Senior Savings Model elected Model Drugs.	Standard Mail-Order Cost Sharing - 1-month Supply		
Standard M					Standard Mail-Order Cost Sharing - 2-month Supply		
2-month					Standard Mail-Order Cost Sharing - 3-month Supply	-	
3-month							
		erred Mail-Order			Preferred Mail-Order Cost Sharing - 1-month Supply		
1-month 2-month					Preferred Mail-Order Cost Sharing - 2-month Supply		
3-month					Preferred Mail-Order Cost Sharing - 3-month Supply		
Long-Term	Care Pharma	су			Long-Term Care Pharmacy - 1-month Supply		

Previous	Next	Exit (Validate)	Exit (No Validate)	Go To: Part D Senior Savings Model Bene	-fit - Cost Sharing Cohort 5		
r Label Descrip	tion(s)						
Part D Senior	Savings Mod	lel Benefit - Cost S	haring Cohort	5			
Which tier of	rtiers are the f	RxCUIs on for this	cohort?				
☐ Tier 2							
☐ Tier 3							
☐ Tier 4							
Tier 5							
Tier 6							
Tier 7						Copayment	Coinsura
Select all the	cost sharing	ocations that appl	y:		Standard Retail Cost Sharing - 1-month Supply		
Standard R	etail Cost Sha	ring			Standard Retail Cost Sharing - 2-month Supply		
2-month					Standard Retail Cost Sharing - 3-month Supply		
Standard Retail/Preferred Retail Cost Sharing 1-month					Preferred Retail Cost Sharing - 1-month Supply		
					Preferred Retail Cost Sharing - 2-month Supply		
2-month 3-month					Preferred Retail Cost Sharing - 3-month Supply		
	ork Pharmac	/	Note: Out-of-Network (OON) cost-sharing structure for this plan indicated on the	Out-of-Network (OON) cost-sharing	Out-of-Network Pharmacy - 1-month Supply		
☐ 1-month ☐ Other			'Alterr	native-Deductible' screen will also	Out-of-Network Pharmacy - Other Day Supply		
Standard M			Plan Selected Model Drugs.	Standard Mail-Order Cost Sharing - 1-month Supply			
1-month					Standard Mail-Order Cost Sharing - 2-month Supply		
2-month 3-month					Standard Mail-Order Cost Sharing - 3-month Supply		
Standard M	Standard Mail-Order/Preferred Mail-Order				Preferred Mail-Order Cost Sharing - 1-month Supply		
1-month					Preferred Mail-Order Cost Sharing - 2-month Supply		
2-month 3-month					Preferred Mail-Order Cost Sharing - 3-month Supply		
	Care Pharma	ev			Long-Term Care Pharmacy - 1-month Supply		
1-month		-1					,